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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

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## OF SOME MEANS USED IN THE TREATMENT OF PULMONARY CONSUMPTION.

[Read before the Boston Society for Medical Observation, January 7th, 1867, and communicated for the Boston Medical and Surgical Journal.]

BY WILLIAM INGALLS, M.D., Boston.

WHETHER we have genius to originate new methods of treatment of disease, or industry and acumen to gather from masters, or from those whom we may consider such, their propositions and dicta, and so adapt them to the cases which present themselves to us for our care, I presume the accumulation of testimony as to the efficacy or inertness or actual harm of certain methods or materials used, is a positive benefit to humanity through our profession. In this communication there will be nothing original, but what is written has been put to the proof.

Of the cases of consumption that have been under my charge within or during the past ten years, I have selected two to report to-night which are the opposites of each other; the first is somewhat at length, the second in brief, and they form the basis of my subject.

In February, 1855, Mrs. B., an Irish widow, resident in this country for fifteen years, and for six or seven of them in Winchester, about 45 years of age, mother of several children, came under my care. She had been a rather hard-working woman all her life, but has always been able to "pay her way and get along comfortably"; "has enjoyed a fair degree of health up to New Year." About the first of January, after imprudent exposure in sloppy weather during Christmas week, she was seized with "chilly turns" and pains in limbs and chest, with, at first, moderate cough, which became, during January, irksome by night as well as by day, with failure of appetite and irregularity of bowels and loss of flesh and strength.

I found her in bed, presenting plumpness of body and limbs, but not firmness of flesh, with considerable emaciation of temporal region and cheeks, which latter were flushed during the first part of my visit and became rather pale during the remainder; the eyes glistening, sclerótica pearly; tongue not clean; pulse 114 at first, after-

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wards at full 96. Condition of catamenia could not be made out clearly, but during the last three months there had been irregularity of some kind. Color of hair black. Eyes very dark brown. Patient agitated and by no means hopeful, a condition of mind strengthened by the inconsiderate babble of her immediate friends and neighbors.

There was dulness of percussion at *both* subclavicular regions—extending a little lower on her right than on her left—some flattening of the walls of the chest below the clavicles, not very marked on left side; bronchial voice; mucous crepitation on right, not made out on left side.

The cough, more particularly at night, was said to cause much expectoration, but of this I had no evidence as to quantity or quality. "Sweat like rain" during night.

The room in which this woman was, was in the second story of a wooden frame building, occupied by her married daughter day and night, and by the husband at such times as he was not at work, and by three children. Precisely what the sleeping arrangements were I could not discover, but they all slept in the same room; a cooking stove, upon which the whole cooking of the family was done, chairs, and two tables, upon which, always, there were the *débris* of a meal, formed the furniture of the room, and the clothing of these young people was hung upon the walls. The situation of the house was unexceptionable, being on the side of a gravelly hill, high, dry, airy and sunny.

In my mind, this poor woman was doomed to death before the opening of the coming summer. She was, however, urged to adopt a certain course of treatment, and assiduously watched and cared for and guided, and the interest of some of her neighbors, the kindest people in the world, being engaged, the care of her medical attendant was much lightened. The management was as follows:—

She was induced to discard the heavy and impervious cotton comforter, so called, which helped to exhaust her strength every time she moved or turned over in bed, and substitute blankets, the best at command; the windows and doors were opened for half an hour several times a day, and this was a difficult thing to bring about; a mild anodyne at night, and a tonic two or three times a day, helped to restore the appetite, for which "*extractum carnis*" was supplied, and this, for a while, was her principal nourishment; also, after a time, other food of a more wholesome quality than that to which she had been accustomed was supplied. During February there were some pleasant days, and it was seen to that she sat up, at first for a few minutes, by degrees for half an hour, and finally, before the month was out, for two hours at a time.

There was a gradual improvement towards health, so that in the following autumn she resumed her usual avocations, viz., the care of her own family of two young men and a daughter; but during the

two following years she complained of a pain in the hepatic region whenever she met me; as she seemed strong and in good case, I took not much notice of it. She is quite well and hearty at this date.

CASE II.—In October, 1861, I took charge of a young lady, 20 years of age, who could command anything that great wealth and unbounded family affection could yield. The father and one sister died of consumption. Up to the age of 18, ambition, unwisely stimulated by her friends, led her to get and maintain the highest rank in all the branches taught at her school. At this age she quite "broke down" in health. During the twenty months of illness preceding my first visit, she had tried various means and systems for relief. In person she was rather tall, with fair hair and blue eyes; generally emaciated, with variable appetite, and much harassed by cough, particularly in the night.

There was flattening of the chest walls, more evident on the upper left front than on the right; on the left there were blowing inspiration and expiration, with gurgling; on the right upper front there was crepitation; percussion could not be practised on account of the pain it gave; near the base of the right lung there was exaggerated respiration, with here and there remote crackling. But the prominent feature of this case was the utter want of interest in anything. It is true she carried out, as faithfully as possible, all the suggestions and requirements of her attendant, such, for instance, as going to ride daily; was even carried in arms to the carriage many times, when she could not walk through weakness. It seemed as though all the ambition and energy of her character had been expended in her school days. Every means that could be thought of were tried to arouse her from her apathy, but in vain. She died in November, six weeks from my first visit, and about twenty-three months from the development of the disease.

Within my knowledge there have been many consumptives who have felt themselves doomed to a brief existence, after having subjected themselves to a careful examination, upon being told that if they take exercise in the open air, use nourishing food, and friction to the chest, they have about all the advice that is necessary. Sometimes awkward questions have been asked, answers to which have been stumbled over, and the matter complicated and made worse.

I believe this to be entirely wrong. I believe the truth should be spoken in these as in all other cases. I do not believe that the truth uttered in these cases will shorten life by a day. Have we nothing to say, truthfully, besides the bare assertion, "You have consumption"? Shall we, by word, or look, or manner, cut off all hope from these victims? Is it not possible for us to say, "although you have such and such a condition of the lungs, yet the resources of our art are great, and you may live longer than the old-fashioned doom of eighteen or twenty months"?

The very beginning of the treatment is at and with the first interview and examination. It will not do, and it is not right, to be careless in the least degree. Of the whole list of diseases we are called upon to treat, no one makes a more powerful demand upon the tact, ingenuity and skill, as well as upon the fortitude and patient endurance and general kindness of the practitioner than consumption. The first care, then, of the physician should be to win the entire confidence of the patient, so that it shall be unswerving; so it should be in all cases, but in this more than any other, for we have to contend, not merely with the disease, but with the variable and oftentimes exacting and unreasonable disposition that accompanies it. The natural disposition being amiable, for one instance in which it is maintained throughout the disease, especially in protracted cases, there will be nine in which it will become peevish, fretful and complaining, sooner or later, and nothing will suit them.

Confidence having been established, unflagging interest in the patient and the case must be evinced quite to the end, and this involves the necessity of the exercise of such tact and ingenuity as each practitioner may be possessed of—tact in withholding or continuing, and ingenuity in changing, so that no harm may come of it. Such an interest is a solemn and difficult task for the physician.

Thus far it may be said the moral elements of the treatment have been advanced, and I must say once more, that they are of the first importance and should be emphasized.

In the first case reported, the means taken to secure sunlight, air and exercise were mentioned. The only drugs used were, for a few nights at bedtime, five grains of Dover's powder, and even with this the report was, "a moderate perspiration," instead of "sweat like rain," and I was convinced the change from the impervious quilt to blankets was a good one for her.

Constipation existing, there were administered pills, each containing one half a grain of ipecac, with one sixth of a grain of calomel, one to be taken every eight hours until there should be an operation from the bowels. The Dover's powder was omitted. After the sixth pill there was the desired effect, and, later still, at any time when occasioned required, one of the pills taken at bed time would secure a response next morning.

Meanwhile, during the two weeks of the treatment just mentioned, she was supplied with "extractum carnis" at specific hours and in certain quantities, and of this I shall speak below.

At this time she began to take a tonic consisting of strong infusion of gentian  $\text{f 3 i.}$ , with two drops of nitric acid to a wineglass of sweetened water, before each meal time. In the last week in March she began to take cod-liver oil, and continued it for six weeks. During the month of August she again took the oil.

I may say here that I stopped the customary Saturday afternoon

floor-washing, and caused to be substituted a tri-weekly process of dry floor-cleaning.

Of the second case, I need not say more than that every means were taken to arouse the patient from her apathy, but in vain. I have cases of lung cavity of long standing, but they are in subjects whose pluck and will are consonant with the interest of the attendant.

I am not ready at the present time to give it as an opinion that consumption, in every instance in which it becomes developed, has always existed in the subject as a diathesis, for we occasionally meet a person among whose ancestors and family connections the disease has been unknown, and who, up to the time of some specific cause of failure in health, has, so far as can be recalled, enjoyed an uninterruptedly excellent physical condition. I cannot yet defend this as an opinion, but I advance it as a strong impression that such is the fact; and with this impression or hypothesis, I now come to some of the causes of the development of the disease, that I may introduce what I have to say about nourishment.

A great proportion, if I may not say all the consumptive patients who have fallen under my care, have declared themselves to be or to have been "not good livers," if the expression may be allowed; hence dyspepsia is rife among them, and this is one of the grand roots of the disease. That they are not good livers, may be accounted for by various causes. Poverty need only be mentioned as one. In many families there is a mistaken economy which leads the providers to procure the cheaper meats, butter, and so forth, so that, although there may be an abundance, yet it is partaken of at the expense of the digestion. What seems to be a "national fault," "bolting the food," is a fearfully frequent cause of dyspepsia. Horrible bread, made with drugs, which of themselves are not always of the purest, is another. Appetite may by degrees fail for even the best and most attractive food, as the first symptom of the yet unknown, unsuspected development. The digestion being impaired by the above-named causes, proper nutrition cannot be afforded, and if the consumptive diathesis exists in never so small a degree, it will assuredly be developed by this faulty nutrition. Briefly, it is not necessary, and it would be almost impossible, to enumerate all the causes of derangement of the digestive organs; there may be added to those already mentioned the custom of many who sleep in little bed-rooms under impervious bed-quilts, thereby having to fight every morning against a languor and unrest which they cannot account for, so as to get to their early labor or business; unrefreshed by sleeping in an unwholesome atmosphere, with their tongues thick and pasty, how can they partake with cheerfulness of such a breakfast as they ought, to fit them for their avocations? Others, for the most part delicate females, are possessed of a fastidious daintiness which leads them to abhor anything like rich, juicy meats. We have mentioned quite enough.

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If good and sufficient nourishment is of very great importance in the prophylaxis of consumption, the condition of the digestive organs during the disease demands our constant and, I might almost say, our sole care, for, as Chambers says, "if the supplies are cut off, what can sustain the forces?" Those instances in which the appetite is entirely wanting, so far as their stomachs are concerned, are to be looked upon as infants; and they require the same kind of management, with this difference: the invalid must be directed, coaxed, perhaps stimulated to take nourishment; the infant sucks its own, and does so with avidity; but both should begin, the one treatment, the other life, with milk. As the well-ordered infant during its first six or eight weeks should be presented with the breast every two hours, with the exception of the five, six, or even eight night hours in which it is or may be sleeping continuously, the stomach resting meanwhile, so let us present to the failing consumptive—do not let us say, "you had better take a little milk occasionally"; prescribe, let us prescribe—two ounces of milk to be drank slowly every two hours from six in the morning until eight in the evening. Thus the patient gets one quart of milk in fourteen hours. To quote Chambers once more: "Nutrition has a habit like that of arguing in a circle; food creates the desire for food—of course by strengthening the digestive organs, and thus, after a few days of milk diet, the patient will ask for meat." I have not found this last assertion to be quite literally true in my cases, but I have found, most generally, that I could by degrees prolong the intervals of giving the milk so that I could introduce other nutriment alternately with it, or suspend it altogether for other articles.

It seems natural at this point to speak of the great efficacy of cream, given in these cases, or at those periods in such cases, in which cod-liver oil cannot be swallowed, even by the exercise of a very powerful will, or if it is, there is vomiting or a perpetual flavor of it in the mouth, that utterly defeats the object for which it is administered. Again, there are some who will take oil for four or five weeks and then, beginning to experience approaching disgust to it, are obliged to give it up for a time. It is in these cases that I have found cream of signal advantage. In the first-mentioned cases there is a natural disgust, an abhorrence to anything oleaginous, and it requires address and persuasion to get them to take even cream. I have succeeded best by offering a small cupful, say four ounces, in the middle of the forenoon and also of the afternoon, with a teaspoonful of brandy, of best quality if it can be obtained, or of whiskey; but brandy is the best for the purpose—sometimes two teaspoonfuls may be taken.

For several years I had been educating a number of consumptive patients, as well as others who were anæmic from different causes, in the art of taking proper and sufficient nourishment; beef, roasted or boiled, to be sure, but going through the process in such a manner

that it was only saved from being called raw because of it, being the burden of my teachings, when, in 1857, I read in the Boston Medical and Surgical Journal an article by Dr. Bowditch upon the custom of certain hunters who used, with advantage, raw pork upon their expeditions; and the hint derived therefrom led to my peculiar treatment of the following case of acute dysentery, and after this case to my offering raw beef to many consumptives and others.

In 1859, during September, I attended a beautiful child, with severe acute dysentery. On the fifteenth or sixteenth day there were good reasons for believing convalescence had fairly begun, but on the eighteenth or nineteenth there was a palpable relapse. I caused a quantity of raw beef, of the best quality, to be cut up by a very sharp knife, so that it became a pulp instead of a minced meat. A very little salt being mixed with it, two heaping teaspoonfuls of this pulp, placed upon a small plate, were set by the mother before the child without seeming to care whether the little girl partook of it or not. In a few minutes the little fingers were dipped into the pulp, which, of course, was immediately conveyed to the mouth. Within ten minutes the whole of the pulp was eaten. This was in the middle of the forenoon; in about six hours the same quantity was taken, and also again in eight hours. This plan was continued during three days, for there was a manifest improvement in the disease; but on the fourth day there was an evident disinclination to take the pulp, although some portion was taken, and also milk on this day. On the fifth day no inducements availed for the child to touch or even to look at the pulp. She went steadily on to perfect health; she took nothing, during the three days mentioned, besides the beef-pulp, but, occasionally, a drink of fresh, cool water.

In anæmia from other causes than that of pulmonary disease, as well as in consumption, the virtue of raw-beef pulp, sometimes with, and sometimes without alcohol, has, in my experience, been most signal in making red blood. From many recorded cases, I will give extracts from one which will do more in illustration than twenty pages of eulogy. A lady, 32 years of age, whose mother and an only sister died of consumption, had been under my charge more than eight years, in September, 1865. A large cavity in the upper right lung had been observed for five years, and a smaller one in the left upper for between three and four years; tubercles studded the remainder of the lungs, but there were less in the lower right than elsewhere. Up to the summer of 1864 there had not been much emaciation, but the limbs were always soft. From that time gradual emaciation of the limbs and body supervened, although the face and temporal region remained full and fair up to the time mentioned (September, 1865). Profuse night sweats and expectoration, and consequent loss of sleep therefrom; disgust for all sorts of food or nourishment; a dreadful sense of lassitude from weakness; these were the symptoms which at last caused the bloom and freshness of

the countenance to give place to pallor and wanness, and to a glistering of the eyes, which seemed much larger than natural. I may not say that hope had fled, but I do know that she was perfectly resigned to go or stay, as the case might be.

Some beef having been reduced to a pulp, all the bits of membrane and other extraneous matter being carefully picked out and a very little salt mixed with it, three pellets, each of the size of an ordinary marble, were presented to my patient at 7, A.M., of which she ate two, and afterwards drank of whiskey one ounce and water two ounces. Three pellets, followed by the whiskey, were eaten at 11, 3, 7 and 11 o'clock. This was on the 20th, and on the 27th she rode half a mile and back. By the middle of October the amendment was so considerable that she expressed herself as feeling a kind of shock at coming back to life. It must not be supposed that when improvement began she was confined solely to the beef-pulp. She was induced to eat a squab, nicely broiled, or a woodcock, or a piece of rare roast beef—sometimes drinking a cup of cream and brandy. Care was taken that she should not become disgusted with the pellets of raw beef, for I believed it was to be her sheet-anchor during the remainder of her life, and it was. She lived until the end of 1866.

It may be said that all this might have been done by cod-liver oil. I fully recognize the virtues of this oil, but this patient had taken it a great many times during my long attendance upon her, and it was only by the exercise of her will that she could swallow it; she never could overcome her disgust to it. Who can describe how great a blessing the beef was to her!

Let me speak well of Liebig's formula for "*extractum carnis*," viz., "a pound of finely chopped beef to be put into a pint of cold water, which is by degrees to come to the boiling point; boil four or five minutes and strain." Take it for all in all, this is the best liquid nourishment I have ever used; his extract of beef, made near Buenos Ayres, according to his own formula, I have never seen. "Borden's extract of beef" is good and highly nutritious; with boiling water, in a moment, a teacupful or a gallon may be made.

At a future time I may urge what I believe to be the true mode of life for the class of patients under consideration, viz., "tent life." I will say nothing upon the subject of "exercise in the open air" farther than this, for we all know all about the importance of directing it. Does any one of us, in the full vigor of health, with an avocation which calls us out of doors at all hours and in all kinds of weather, know what it is to the invalid, weakened in mind as well as body, to go out for a daily walk? A majority of our patients cannot command a drive twelve times in a year. A little walk of two, three, or even five or six directions, becomes irksome from the sameness. If there is nothing but duty to themselves to call them forth, we must create an emergency for them; it is pretty well if they will

go out, bravely, through this sense of duty; but there are plenty of objects for them to become interested in among the poor and distressed—a garment to one, a bottle of wine to another, a word of comfort to any or many, even although it may be from one poor person to another.

This paper, I fear, is already too long for the occasion. I would speak of the blessings of opium, which I give in small and repeated doses until the proper effect is produced, then stopping it until it is again required; of preparations of iron, of which the best is the tincture of the chloride, but of which every one gets tired very soon, and of a certain combination, as, for instance: *R.* Pulvis ferri, gr.  $\frac{1}{2}$ —iss. (by hydrogen); sulph. quiniæ, gr.  $\frac{1}{4}$ —i.; ext. nucis vomicæ, gr.  $\frac{1}{4}$ —i.; ext. hyosciami, gr. ss.—i. *M.*, for a pill to be taken one, two or three times in twenty-four hours, *p. r. n.* This I am in the habit of calling a tonic—a food for the blood, and not a medicine—and it is always taken an hour after eating. I would speak of the tincture of veratrum viride, which even in hectic fever calms the action of the heart; of my many trials of oxide of zinc to check the night sweats, which have seldom succeeded; physical strength increasing, the night sweats diminish in proper ratio; of how, long, long ago I abandoned the train of expectorants—squills, antimony and the like—using only, when something of the kind is demanded, ipecacuanha. There is one formula for an expectorant, however, I will offer: *R.* Syr. ipecac., syr. senegæ, aa f  $\frac{3}{4}$  iss.; syr. cimicifugæ, f  $\frac{3}{4}$  iv.; tr. lobeliæ, f  $\frac{3}{4}$  i. *M.* One teaspoonful of this mixture for a dose, *p. r. n.*

Upon external applications, also, I would like to enlarge, for, especially in protracted cases, they are demanded, not only for the pains arising from the dyspeptic troubles, but for the chest-pains, and also as derivatives; in these, opiates are not always sufficient. Mustard is of essential service—strong tincture of iodine in some conditions; various liniments are also in use and are good. The following, I think, I learned from Dr. Wyman: *R.* Ol. monardæ, acid. acetici, tr. cantharidis, p. e. *M.* It never vesicates, is always stimulating, and ultimately soothing.

My observations of the benefit derived from the inhalation of certain substances by their nebulization are yet too crude for me to say more than that I have reason to place great confidence in their efficacy. I have used in this way iodine, tannin, nitrate of silver, and hope, at a future time, to report concerning these and other substances administered by this process.

Excepting certain cases of limited subclavicular tuberculosis, discovered at an early stage and treated judiciously, it may be said consumption is never cured. I have it in my power to assert, however, that in quite a goodly proportion—I cannot now give statistics—even in those in which cavities have been formed, life may—and with some still is—prolonged and rendered useful; and as to treatment, the deductions from what has gone before may be summed up

as follows:—Excite and keep alive hope. Stimulate, if you can kindle it, pluck—pluck to endure, with a determination to live and be useful. Make the invalid fearless of the sun and air and of the weather generally. Let there be occupation for the mind; if possible, let it not dwell on self. Attend to the digestive organs, and keep them in such order that nourishment of the most red blood-making kind shall be taken in sufficient quantity. The physician may be earnest, wise, skilful; unless he acquires the hearty coöperation of the patient in assiduously trying to restore that which has become impaired, he will labor in vain.

### **Reports of Medical Societies.**

EXTRACTS FROM THE RECORDS OF THE NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. BY Z. B. ADAMS, M.D., OF ROXBURY, ASSIST. SECRETARY.

A STATED quarterly meeting of the Norfolk District Medical Society was held at City Hall, Roxbury, Jan. 16th, 1867, at 11, A.M. The President, Dr. Cotting, in the chair. The records of the last meeting were read by the Secretary, Dr. Jarvis, and approved.

The Censors reported that they had examined and accepted Dr. C. C. Hayes, of Hyde Park. Dr. Hayes, being present, signed the By-laws, and was introduced to the Society by the President.

The President showed some splints made and used by himself since the last meeting, after the plan of Dr. Campbell (see this JOURNAL, Nov. 22d, 1866, p. 346), of book-cover and hoop-iron; one for Colles's fracture of the radius, treated according to Velpeau's method, by strong flexion of the hand—to which treatment the splint was admirably adapted by its lightness and strength.

The President also showed Dr. Sheraton's steel rotary fillet, which he had just received from London—an instrument intended to supersede the forceps in some cases of labor requiring instrumental aid.

A letter was read from Dr. Nelson, of Bellingham, regretting his inability to attend the meetings of the Society, in which he expressed a lively interest—adding that, "Seventy years would not keep me from attendance, had not a severe injury years ago nearly disabled me. I practice what I do," said he, "from pecuniary necessity."

Thereupon the President made an earnest appeal in behalf of the Massachusetts Medical Benevolent Society, which was instituted, a few years ago, to assist aged and needy physicians, and the families of such as might be left destitute, and urged the members to join or otherwise interest themselves in increasing its funds. Subsequently, four members offered their names for life membership, and others intimated a readiness to join the Society.

In the absence of the author, Dr. Robinson, of Roxbury, read a paper written by Dr. Noyes, of Needham, on the Botany of the County, in which he advocated the use of native plants, all around us, which he specified, instead of foreign ones that were no better.

*Voted*, unanimously, on motion of Dr. Burgess, of Dedham, that

the thanks of the Society be presented to Dr. Noyes for his interesting, instructive and timely paper.

Dr. Robinson also read a letter from Vienna, by Dr. D. F. Lincoln, formerly a member of this Society, now of Edinboro' St., Boston, giving a detailed account of the practice and teaching of midwifery in Vienna. The letter was listened to with great attention and interest.

Dr. Faulkner, of Jamaica Plain, read an elaborate paper on Weaning, the time and conditions best for it in mother and child. This paper was a succinct *résumé* of medical opinions, former and recent, of foreign and of experienced practitioners in the immediate neighborhood, together with his own well-considered conclusions and opinions.

Dr. H. R. Storer, formerly a resident of the County, and now present by invitation, said he had been greatly interested in the paper. It had stated the case as regards the child to complete satisfaction, but that the case of the mother might have been urged a little stronger perhaps. The time of weaning ought to have reference to, and to coincide with that of the menstrual period, which could be readily calculated.

Dr. Burgess remarked that the members would find a very excellent receipt for the child's food, after weaning had been determined on, in Mrs. Cornelius's Cook-Book, Ed. 1866, p. 211. He made this statement from personal experience.

Dr. Salisbury, of Brookline, read a case of Ovarian Disease in his practice, in which ovariectomy was successfully performed by Dr. Storer.

Dr. Storer said that ovariectomy was so common a practice that it was hardly worth while to report cases; and it was now recognized as an ordinary procedure of legitimate surgery. Among other statements regarding the success of such operations, Dr. Storer gave it as his opinion that metallic sutures should be employed, and never silk or thread. The clamps he had invented he thought were of great importance. Also, that it was advisable to leave the abdomen open a long time to secure against hæmorrhage.

Dr. Adams, of Roxbury, read a paper on Excision of the Joints for Traumatic Causes—deducing the practical conclusion that the operation was highly useful in upper, but not adapted to the lower extremities.

The volunteered papers having been read, it was voted to take up the discussion of the question assigned for the meeting—the hour for adjournment by general assent being first fixed at 2½, P.M.

The President announced the subject of discussion to be, "Are the Constitutions of our Women degenerating? If so, what is the Cause?"

Dr. Jarvis, of Dorchester, by appointment, opened the discussion with a paper, based chiefly on statistics, leading to the conclusion that female health and strength had not degenerated, but in many respects were better than in past generations.

Dr. Mann, of Roxbury, followed. He believed that degeneracy in woman would certainly appear in her children, and he adduced many arguments to show that children were never so healthy and strong as now. Statistics of the late war show that our boys are not of degenerate stock, and that their sisters were their equals in energy, labor, and devotion to the cause.

Dr. Munroe, of Medway, differed from the gentlemen who preceded him. In his view, there is great degeneracy. Special diseases are frequent, and appliances for them were almost as common as other articles of the toilet. He attributed much of this to the more luxurious habits, warmer houses, and lighter work of the present day. As he saw it, the air-tight stove was the most "infernal machine" ever invented. Children are too often brought up to do nothing but to idly pass their time, or perhaps to give too much attention to study and the acquirement of fashionable accomplishments, rather than to work. Life now-a-days is too much a life of excitement, and necessarily damages the constitution of women. Lastly, much injury is done by methods so commonly in use to prevent maternity.

Dr. Tucker, of Stoughton, related a case illustrating the last point mentioned.

Dr. Alden, of Randolph, a practitioner of fifty-six years, said that, having given the subject much attention heretofore, he was inclined to think that there is no degeneration; on the contrary, a perceptible improvement. Women are stronger and healthier, more active and enduring, better educated, better dressed (in spite of what may be said of the fashions), and, on the whole, have made an advance, mentally and physically, over their predecessors of olden time. If there are exceptions, it may be due to some local cause, or some change of employment. Smaller families spoken of do not prove degeneration—people marry now at a less early age than formerly. He had witnessed the incoming of the "modern improvements"; even the much berated close-stove is better for warming apartments than the old method of great fires which roasted on one side while the other was freezing. Better built and warmer houses do not, in his opinion, cause degeneration of the race.

Dr. Waldock, of Roxbury, said that a woman has a right to use her own judgment, her truest and best, as to the number of children she should have, as much as she has to decide about anything else that intimately concerns her. It is the neglect of this that produces so much disaster to her, and leads to those practices which have been so justly condemned.

The hour for adjournment having arrived, after a few remarks from Dr. Storer expressive of his satisfaction in being present at so interesting and animated a meeting, a hearty approval of his friend Dr. Waldock's positions, and a recital of some of the "naughty doings" which his specialty brought very prominently to his notice, the Society adjourned and went, by invitation, to the house of the President, where a collation was provided for them.

In the course of the afternoon, Mr. Low, the maker of the hygromet, an instrument designed to indicate the exact amount of moisture in the atmosphere, showed the instrument and the method of using it. Considerable interest was awakened, and a committee designated to make some observations with the instrument and to report at a future meeting. Also, to report, so far as practicable, what amount of absolute vapor is best in particular diseases (croup, for instance), so far as opportunity may be given.

The President also showed a number of specimens of Guarana, brought from Brazil; among the rest (a present from Mrs. Agassiz), of a very artistic serpent, quite worthy of *Æsculapius*, representing

the jararaca, the most poisonous of Brazilian snakes—made by the Mauès Indians. He said that these Mauès Indians, living between the upper Tapajos and Madeira Rivers, are the principal or only tribes who manufacture the guaranà, which, when prepared, resembles in appearance common chocolate, but is much harder. It is made of the fruit or seeds of a plant (*Paullinia sorbilis*) variously described by travellers, none of whom appear to have seen it *in situ naturati*, as a small tree, about eight feet high when full grown, like a coffee plant—a low, wide-spreading tree—and a climbing plant. It bears berries or beans, somewhat larger than coffee berries. These are roasted, ground, mixed with a little water, made into various shapes, and dried to hardness in an oven. Grated and dissolved in water, or lemonade, it is highly esteemed as a refreshing and stimulating drink. It is much used by the inhabitants of Matto Grosso, and often to such excess as to produce great and lasting tremulousness. It is much used, also, throughout the interior and other provinces of Brazil as a remedy in diarrhoea and intermittent fevers. “The guaranà,” says Mr. Fletcher, “is a medicine; and it is a curious fact that when the Indians of that distant region give form to any substance which they consider a *remedio*, they invariably give it that of a serpent. O sons of Æsculapius, explain this!” In commerce, however, it appears in various forms. A solution was made for the company present, and such as “took a drink” found it not unpalatable.

At early night-fall the members dispersed, apparently satisfied with the day's experience.

### Bibliographical Notices.

#### *Annual Report of the Trustees and Superintendent of the Maine Insane Hospital.*

THE Trustees report that they have visited the Hospital monthly, as required by law, seeing at each visit every patient and inspecting every apartment of the buildings; also, the farm, garden and orchard, so that no department is neglected or overlooked. At each visit a record is made in a book, kept for that purpose, stating the condition of things, and they say, “according to these records, the affairs of the Hospital have been managed, as in previous years, with remarkable care, ability and good judgment on the part of the Superintendent, and with like faithfulness on the part of the other officers and their assistants.”

The new wing for females, which was in progress of erection last year, has been completed, furnished and occupied, relieving the crowded state of the female wards. The addition was built and furnished at a cost of \$51,480.46, leaving a balance of \$19.54 of the appropriation to be returned to the treasury of the State! Such close estimates and expenditure are not often made in the construction of public buildings. The State has reason to congratulate itself in having a committee of such rare qualifications for office. They need a new wing for the males, similar to the one just completed, to afford them ample accommodations, and render the hospital symmetrical in pro-



portion. They also ask for a new laundry, "though reluctant to refer to any other department requiring an outlay at this time."

The Superintendent, Dr. Henry M. Harlow, reports the whole number of patients at the commencement of the year, December 1st, 1865, to be 277—143 males and 134 females. There were admitted during the year, 135—75 males and 60 females—making a total of 412 patients under treatment during the year—218 males and 194 females. Whole number discharged, 136. Of these, 83 were males and 51 were females, leaving in the Hospital at the end of the year 276—133 males and 143 females—one less than the number at the beginning of the year.

The condition of those discharged was as follows :—Recovered, 61—39 males and 22 females; improved, 29—19 males and 10 females; unimproved, 13—8 males and 5 females; died, 33—18 males and 15 females.

Of those admitted and died there was an unusual number of aged persons. "Six of those who died had passed their three score and ten years, four were over the octogenarian, and one was well nigh the centennial line when release from bondage came."

Causes of death—Consumption, 10; diarrhœa, 5; old age, 4; congestion of brain, 3; general paresis, 3; epilepsy, 4; exhaustive mania, 1; dropsy, 1; and one man and one woman died of suicide—the former by drowning, the latter by hanging.

The most prominent cause of insanity in those admitted, the Superintendent finds to be "ill health," and he says, "every year we spend with those of 'minds diseased' leads us more fully to the conviction that greater care and watchfulness over the physical part of our nature would lessen surprisingly the number who annually fall victims to this worst of human ills." "The rules of hygiene are so woefully neglected and disregarded by all classes and in all conditions of men, that it is no marvel to see the vast number of wrecks afloat on all sides. The conventionalities of society are but stepping stones over which the young scramble to find themselves, too soon, in some institution for the insane or at the brink of an early grave."

The Superintendent devotes some space to remarks on suicidal insanity, and gives the whole number treated at that hospital in a period of twenty-six years as 339. Of these, only six have been successful in their attempts to take their own lives. He adds :—"That statistics show that more men commit suicide than women, and that more unmarried women kill themselves than married, and that a greater proportion of married men and women take their own lives than the reverse." There must be some mistake in the wording of the above, as there are more married than unmarried women. If more unmarried women commit suicide than married, it is difficult to understand how the *proportion* of suicides can be greater among the latter than the former.

C. K. B.

*Northampton, February 1st, 1867.*

*City and Country Population of England.*—According to the Registrar-General, in 1861 the population of England living in the cities and large towns amounted to 10,930,841; of those living in the country and in small towns, 9,134,386.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, FEBRUARY 7, 1867.
 

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## EDITORIAL CHANGE.

It will be a source of deep regret to our readers, in which we share most heartily ourselves, that the connection of the Junior Editor with the BOSTON MEDICAL AND SURGICAL JOURNAL terminated with the volume just completed. For nearly five years he has most ably done his part of the editorial labors, and in dissolving the agreeable relation which has united them, his associate would most gratefully express his sense of the great obligation under which he has been placed by his diligent and enlightened coöperation. The greatly increased burden of professional duties, growing out of his new position as Adjunct Professor of Chemistry in Harvard Medical School, has compelled Dr. White to leave us. We have some consolation in the thought that what is our loss is others gain. The department of Medical Chemistry, to which he will specially apply himself in his Professorship, is one in which he is most competent to teach, and one which is too generally neglected in our medical schools. It is too much to expect from one professor, however able and industrious, in addition to a general course of lectures on Chemistry, the special course which the present state of medical science requires. The authorities of Harvard University have done most wisely, therefore, in founding an adjunct professorship; and no candidate could they have found better qualified for the office than the gentleman they selected. Our readers have had proof enough of his qualification for the place in the numerous editorial articles on chemical and allied subjects for which this JOURNAL has been indebted to his pen during his connection with it. Delicacy forbids our enlarging upon the personal characteristics which, in the opinion of all whom we have ever heard speak on the subject, have made his position as Editor most honorable to himself and of great value to the profession. We can wish him no better success in his new relations than that which has crowned his editorial labors.

To many of our readers, our new associate needs no introduction. To those not intimately acquainted with him, the report of the Committee of the Massachusetts Medical Society on Cerebro-Spinal Meningitis, read by him at the last annual meeting of the Society, will be a sufficient guaranty of his fitness for an office which taxes so much the powers of endurance and patient industry of its incumbent.

A change in the type used in the Editorial department of the JOURNAL, which is introduced in the present number, enables us to give considerably more printed matter without increasing the number of pages. With this addition to our space we hope to be able to publish many interesting items which we have been compelled in times past to neglect. With regard to our future course we make no new professions; we prefer to leave it to the judgment of our readers, assuring them that we shall make it a conscientious duty to do all in our power to render the JOURNAL a fair representative of the medical profession in New England. Our success must depend very much on the sympathy and coöperation of

our brethren throughout this part of the country, and to them we most confidently appeal. In saying this, we would not be understood as limiting ourselves in any sense to the professional interests of a mere section of our common country. Most gladly should we welcome contributions to our pages from our most distant brethren; we only feel it to be a special duty of those nearest to us to see to it that they bear their part in contributing to the store of medical knowledge as becomes diligent laborers in a common field.

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POPULATION OF MASSACHUSETTS—REPLY OF DR. DERBY TO DR. ALLEN'S NOTE—DR. SNOW'S CRITICISMS.

MESSRS. EDITORS,—With reference to the note of Dr. Allen respecting the population of Massachusetts, in your number for January 24, I have only to say that in the article published in the *MEDICAL JOURNAL* on the 3d inst., Dr. Allen stated that more than thirty towns reported *no births* in 1864 and 1865. This statement was a very startling one, and calculated greatly to mislead the public mind. It produced the same impression on others that it did on myself. I therefore felt it important to point out its incorrectness. Dr. Allen now says more than thirty towns reported *no foreign births in those years*; a very different statement from that which he first made. I leave it to your readers to say who made the "mistake."

Yours truly,

GEORGE DERBY, M.D.

*Charles Street, January 28th, 1867.*

The subject under discussion is a very important one, and however different the views of these gentlemen may be, we know that they have no other object than the determination of the truth with regard to it. It is engaging the minds of many thinking people, and we have no doubt that in time a positive, unquestionable conclusion will be arrived at. As yet we must consider the question as still *sub lite*. We find an interesting communication, called out by Dr. Allen's original paper, in the *Philadelphia Medical and Surgical Reporter*, by Dr. Edwin M. Snow, the able City Physician of Providence. Dr. Snow criticizes a number of points in Dr. Allen's paper, and shows that although, as he states, it may be the case that according to the parish records of small New England towns it may appear that formerly the families had many children, while now they have very few—this does not indicate either moral or physical degeneracy in the inhabitants. Dr. Snow illustrates his point by the follow case:—

"Let me illustrate my meaning by an example: In a small country town where I am well acquainted, there is a school district in which, thirty-five years ago, there were over one hundred scholars. In the same district, fifteen years later, there were less than thirty scholars. The number of families and houses in the district had remained precisely the same. The children had grown up and emigrated, leaving middle-aged and aged persons. At this date, there is no change in the number of houses or families; but many of the heads of families of thirty-five years since have died, and younger persons have taken their places, and there are now fifty or sixty children in the district, and the number is fast increasing. It is easy to understand how Dr. Allen's statements may be true, without any degeneracy in the native American population. It is also easy to see how, in a stationary population, where young men and women mostly emigrate, there may be a long series of years when there would be more deaths than births."

With regard to the very important point, the migrating habits of the natives of New England, Dr. Snow says:—

"I have not been able to complete some calculations on this point that I have been making, but may state, that in 1850, there were nearly 500,000 natives of

New England, living in this country, out of New England. In 1860, there were 116,036 natives of Maine living in other States; 125,539 natives of New Hampshire living in other States; 174,765 natives of Vermont living in other States, &c."

*International Medical Congress of Paris.*—An international Medical Congress is to be held in Paris on the 16th of August, 1867, under the auspices of his Excellency the Minister of Public Instruction. The Congress will be exclusively scientific, and will last two weeks. The labors of the Congress will include communications upon questions proposed by the committee, and also upon subjects not in their programme, which runs as follows:—1. The Anatomy and Pathological Physiology of Tubercle—On Tubercularization in different Countries, and its influence on the General Mortality. 2. The general Accidents which cause Death after Surgical Operations. 3. Is it possible to propose to the various Governments efficacious measures for restraining the Propagation of Venereal Diseases? 4. On the influence of the Dietary of different Countries in the Production of given Diseases. 5. On the influence of Climate, Race, and different Conditions of Life on Menstruation in various Countries. 6. On Acclimatization of European Races in Tropical Countries. 7. On the Entozoa and Entophytes which may be developed in Man.

Those who desire to bring forward communications on these or any other subjects, are requested to address their manuscript to the General Secretary at least three weeks (July 26th) before the opening of the Congress.

With the view of limiting and defining the questions in the programme, the committee has appended to each article commentaries, which we cannot now quote, but to which we shall subsequently refer, indicating the points to which it desires that papers should be especially directed. Foreigners may become members of the Congress by addressing a communication to Dr. Jaccoud, Secrétaire General, Rue Drouot 4, à Paris.—*London Lancet*.

The idea of this Convention is an excellent one, and steps have been taken in Boston to secure a representative from members of the Massachusetts Medical Society residing within the Suffolk District.

*Eustachian Tube normally closed except in Deglutition.*—Dr. James Jago, in a communication on the Functions of the Tympanum, published in the *British and Foreign Medico-Chirurgical Review*, defends with much plausibility the view which he had propounded before, in an Essay on the Eustachian Tube, that the normal condition of this passage is that of closure, except during the act of deglutition. This opinion is based on experimentation in his own person, aided by an accidental condition of the fauces, arising from contraction of the tissues on the right side, following amputation of a portion of the uvula. His paper is a very interesting one, and his arguments are most convincing. With regard to the provision for opening the tubes on occasion, he says:—

"That it is not the egress of sonorous vibrations from the tympanum which is to be feared, that being a matter of indifference.

"But there must be a provision against the ingress of aërial undulations from the throat, which, if admitted, would threaten the membrana tympani with incessant oscillations, and endanger both its integrity and that of the complex and delicate apparatus in connection, and violate the peace of the labyrinth *via* this sudden route with all the sonorous impulses impressed upon the animal's breath.

"That, therefore, the moment seized for bringing the tympanum into communication with the fauces must be one in which there can be no respiratory current.

"That the only instant compelling a suspension of respiration is that in which the act of swallowing is performed, and must therefore be embraced for the service just named.

"Finally, the same rule secures the tympanum against the introduction of gastric gases, &c., evolved through the fauces."

*Use of a Concave Reflector in Examinations of the Ear.*—Dr. Holmes called the attention of the Society to the use of this instrument in examinations of the external meatus, as recommended in the excellent work of Von Tröeltsch on Diseases of the Ear, translated by Dr. Roosa, Aural Surgeon to the New York Eye Infirmary. The instrument is a concave reflector, three inches in diameter, with a focal distance of four inches, and is contained in a metallic frame, with a suitable handle. In the centre of the reflector, a small disc of the amalgam is removed, as in the small concave reflector of the ophthalmoscope, to allow the rays of light from the illuminated ear to enter the observer's eye.

By means of this instrument, the deeper portions of the external meatus can be distinctly seen, even in a cloudy day, or by the light of a candle in a darkened room. The patient can be examined while lying in bed, if necessary, as well as in an erect position.—*Proceedings of Chicago Medical Society, in the Chicago Medical Journal.*

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*Impenetrable Cuirass.*—A correspondent of the *Richmond Medical Journal*, writing from Florence, describes a new cuirass as follows:—

“Signor Muratori, a Sicilian, has invented a cuirass, not weighing more than fifty-four ounces, yet large enough to cover the whole of a man's trunk, entirely free from metallic ingredients, and so pliable that it does not interfere with the movements of the most agile soldier. This cuirass was tested, in one of the forts of Florence, in presence of the Minister of War and several officers of the Italian army, and it was found that a shot fired with a cavalry revolver, which, at five paces distance, can penetrate a wooden plank five inches thick, did not pierce or lacerate the cuirass, although the powder charge and the distance were the same. A herculean grenadier was then ordered to attack the cuirass with the bayonet, which he did twice very vigorously, but without causing any damage to it. Sabres and swords proved even more powerless, and the very sharp point of a lance, wielded by a robust lancer, glided off (to use the expression of an eyewitness) like the point of a needle from a steel plate. There is no reason to doubt the accuracy of these observations. But, alas! this wonderful weapon of defence came too late, as everything does in Italy.”

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*Prostitution in New York.*—A bill contemplating a recognition of the evil of prostitution, and the issue of licenses for its practice under certain restrictions, has lately been introduced in the Legislature of New York. According to the estimate of the Metropolitan Police Commissioners, as given in their annual report, New York city alone is able to count the enormous number of twenty-one hundred houses of ill-fame of all grades, and twenty-five thousand courtezans; but we are to look for the mitigation in vigorous legislative enactments rather than in convention discourses, however rational.—*Medical Record.*

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*Potent Disinfectant.*—The *Dublin Medical Press* states that Dr. DeWar, of Kircaldy, has discovered that “for the disinfection of inanimate material, the addition of a little nitre to sulphur, and the combination of these fumes with the steam of boiling water, improvises a disinfectant at once the most powerful, most searching, and most efficacious which can be obtained, utterly destructive at once of any latent contagion, and of every form of insect life.”—*Ibid.*

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*Medical Staff, U. S. Volunteers.*—Among the nominations for brevet rank in the Volunteer force are the following:—To be *Captain, Major and Lieutenant-Colonel*, by brevet. Assistant-Surgeon James Clark Stockton, of the Thirty-sixth United States colored troops, for faithful services in the Medical Department, commissions to date from September 11, 1866. To be *Lieutenant-Colonels* by brevet. Surgeon William Carroll, U.S.V., for faithful services on Tybee Island during the prevalence of cholera at that place, to date from August 22, 1866; Surgeon Michael K. Hogan, U.S.V., for faithful services in the Medi-

cal Department, to date from June 28, 1866; Surgeon William R. De Witt, U.S.V., for faithful services in the Medical Department, to date from June 28, 1866; Brevet Major W. C. Squire, Captain of the Seventh Ohio Sharpshooters, for gallant and meritorious services, to date from July 28, 1866; Surgeon Caleb W. Horner, U.S.V., for faithful and meritorious services in the Medical Department, to date from March 13, 1865; Surgeon John A. Hayes, of the Eleventh New Hampshire Volunteers, for faithful and meritorious services, to date from March 13, 1865; Surgeon Brower Gesner, of the Tenth New York Volunteers, for gallant and meritorious services during the war, to date from March 13, 1865; Brevet Major Robert B. Brown, Assistant Surgeon U.S.V., for faithful and meritorious services at Galveston, Texas, during the prevalence of cholera at that place, to date from October 25, 1866; Surgeon Samuel W. Blackwood, of the Eighty-first United States colored troops, for meritorious and distinguished services during the outbreak and continuance of cholera in New Orleans, La., to date from November 26, 1866; Assistant Surgeon Theodore Wild, of the Eighty-first United States colored troops, for meritorious and distinguished services at White's Ranch, Texas, where cholera prevailed in August, 1866, to date from November 26, 1866. To be *Colonel* and *Brigadier-General* by brevet, to date from March 13, 1865, Brevet Lieutenant-Colonel and Brevet Colonel Matthew McEwen, Surgeon U.S.V., for gallant and meritorious services during the war.—*Ibid.*

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*The Chair of Surgery in Rush Medical College.*—According to statements in the daily papers of Chicago, the chair of Surgery made vacant by the death of the late Professor D. Brainard, has been filled by the appointment of Moses Gunn, of Detroit, Professor of Surgery in the University of Michigan. It is also stated that Prof. Gunn has accepted the appointment.—*Chicago Medical Examiner.*

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*Sulphite of Soda in Smallpox.*—Dr. W. L. Nichol states (*Nashville Journal of Medicine and Surgery*, August, 1866) that he has employed the sulphite of soda in smallpox with advantage. He gave it in solution, in the proportion of one drachm of the salt to six ounces of water. A tablespoonful of this was given every three hours.—*American Journal of the Medical Sciences.*

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#### MEDICAL INTELLIGENCE.

ACCORDING to the *Atlanta Medical and Surgical Journal*, that city has been re-built with unexampled rapidity, and now contains, probably, 6000 inhabitants more than before it was dismantled and destroyed.

From the Twelfth Annual Report of the Southern Ohio Lunatic Asylum, for the year 1866, we learn that the number of patients in the Asylum at the beginning of the year was 171; admitted during the year, 103—total, 274. Discharged during the year, 177. The mortality during the year is represented as having been very light, and the institution in every respect in a favorable condition. An appropriation has been made for the enlargement of the asylum to the size of the original plan.

The total number of deaths in the city of Chicago, during the year 1866, was 5,926. Under five years of age, 2,899; from five to twenty, 638; twenty to forty, 1,288; forty to fifty, 426; fifty to sixty, 240; sixty to eighty, 281; over eighty, 30; unknown, 124.

The "Elgin Milk Condensing Company" of Chicago, Ill., prepares milk in a condensed form, requiring three parts of water to one of the preparation to bring it to the standard of good fresh milk. A resolution was unanimously passed at the last meeting of the Chicago Medical Society, recommending it as an article of great value to the community for general use, and especially for the feeding of children.

Dr. C. R. Parke, of Bloomington, Illinois, reported to the Illinois State Medi-

cal Society, at its last meeting, a death from the inhalation of chloroform, administered as an anæsthetic in the extraction of teeth. The amount used was one drachm; death took place in twenty-five minutes from the commencement of the inhalation.

The St. Louis Dental Society held its tenth annual meeting at the rooms of Drs. Peebles and Eames, on Tuesday, January 8th, 1867, and the following officers were elected for the ensuing year:—*President*, Aaron Blake, D.D.S.; *Vice President*, W. H. Eames, D.D.S.; *Secretary and Treasurer*, Dr. Edgar Peck. This, says the *St. Louis Medical Reporter*, is an old and useful organization, and is doing much good in the profession towards elevating dentistry to its real and legitimate position as a part of the curative art.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 2d, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	43	49	92
Ave. mortality of corresponding weeks for ten years, 1856—1866	37.7	37.1	74.8
Average corrected to increased population	00	00	82.58
Death of persons above 90	0	0	0

**CORRECTION.**—In the list of House-pupils at the Massachusetts General Hospital for the present year, published in our last, for "Henry H. A. Beach," read Henry H. A. Beach; and for "Josiah L. Hall" read Josiah L. Hale.

**COMMUNICATIONS RECEIVED.**—Obstetric Teaching and Practice in Vienna; by D. F. Lincoln, M.D.—Medical Botany of Norfolk County; by Josiah Noyes, M.D.—Case of Injury to the Spine; by S. F. Cones, Surgeon U.S.N.—A Case of Epilepsy from Lead Poisoning; by Lewis S. Hopkins, M.D.—On the Mode of Administration of Systemic Anæsthetics; by Ephraim Cutter, M.D.—Synopsis of Cases treated at the Surgical Clinic of the Boston Dispensary, during September, October and November, 1866; by David W. Cheever, M.D., one of the Surgeons.

**BOOKS RECEIVED.**—The Renewal of Life. Lectures, chiefly Clinical, by Thomas King Chambers, M.D., Consulting Physician and Lecturer on Practical Medicine at St. Mary's Hospital, &c. Philadelphia: Lindsay & Blakiston. 1866. For sale by E. P. Dutton & Co. Price five dollars.—The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life, considered in their Physiological, Social and Moral Relations. By William Acton, M.R.C.S., late Surgeon to the Islington Dispensary, &c. Second American from the Fourth London Edition. Philadelphia: Lindsay & Blakiston. 1867. For sale by E. P. Dutton & Co. Price three dollars.—Guide for using Medical Batteries, &c., in the Treatment of Nervous Diseases. By Alfred Garratt, M.D. Philadelphia: Lindsay & Blakiston. 1867. Sold by E. P. Dutton & Co. Price two dollars.—Methomania: a Treatise on Alcoholic Poisoning. By Albert Day, M.D., Superintendent and Physician of the Washingtonian Home, Boston, &c. With an Appendix by Horatio R. Storer, M.D. Boston: James Campbell. 1867.

**DIED.**—In Newburyport, Dr. Samuel W. Wyman, a native of this city, and a graduate of Harvard College in the class of 1814, aged 75.—In Jackson, Mich., Dr. Edward Lewis, aged 74. He graduated at Castleton (Vt.) Medical College in 1824, and after practising in Vermont eleven years, and in Concord, Mich., eight years, he removed to Jackson, where he remained till his death—having an extensive practice, and ranking among the first physicians of the State.

**DEATHS IN BOSTON** for the week ending Saturday noon, Feb. 2d, 92. Males, 43—Females, 49. Accident, 3—disease of the brain, 3—Inflammation of the brain, 1—bronchitis, 1—cancer, 2—cholera infantum, 1—consumption, 17—convulsions, 1—croup, 2—debility, 1—dropsy, 1—dropsy of the brain, 3—dysentery, 1—erysipelas, 3—remittent fever, 1—scarlet fever, 5—typhoid fever, 2—hæmorrhage, 1—disease of the heart, 6—infantile disease, 3—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 1—Inflammation of the lungs, 5—marasmus, 1—measles, 1—old age, 1—paralysis, 2—peritonitis, 2—pleurisy, 1—premature birth, 1—puerperal disease, 1—scrofula, 1—smallpox, 5—enlargement of the spleen, 1—suicide, 1—tabes mesenterica, 1—unknown, 5—whooping cough, 1.  
Under 5 years of age, 33—between 5 and 20 years, 10—between 20 and 40 years, 22—between 40 and 60 years, 15—above 60 years, 12. Born in the United States, 62—Ireland, 23—other places, 7.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

**Whole No. 2033.]      Thursday, Feb. 14, 1867. [Vol. LXXVI. No. 2.**

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## HARVARD UNIVERSITY. Summer Session of the Medical Department.

THE annual course of summer instruction in the Medical Department of Harvard University will commence at the Massachusetts Medical College, in North Grove Street, Boston, on Monday, March 18, 1867, and continue until November.

Clinical, Medical and Surgical Instruction will be given at the Massachusetts General Hospital, at the City Hospital, and at the Dispensary.

Recitations from approved text-books will be held daily during the session at the College, upon all branches necessary to a medical education. Occasional lectures are also given, and demonstrations, illustrated by the Museums of the College.

During the Summer Session, instruction is given by lectures at Cambridge, on Botany, by Prof. Gray; on Comparative Anatomy, by Prof. Wyman; on Zoology by Prof. Agassiz; on Acoustics and Optics, by Prof. Lovering. To these lectures, students of the Summer Session will be admitted without extra charge.

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D. HUMPHREYS STORER, M.D., Professor of Obstetrics and Medical Jurisprudence.

JOHN B. S. JACKSON, M.D., Shattuck Professor of Morbid Anatomy, and Curator of the Anatomical Museum.

HENRY I. BOWDITCH, M.D., Jackson Professor of Clinical Medicine.

OLIVER WENDELL HOLMES, M.D., Parkman Professor of Anatomy and Physiology.

GEORGE C. SHATTUCK, M.D., Hersey Professor of the Theory and Practice of Physic.

JEFFRIES WYMAN, M.D., Professor of Comparative Anatomy, and Physiology.

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JOHN BACON, M.D., University Professor of Chemistry. [vous System.

C. E. BROWN-SEQUARD, M.D., Professor of the Physiology and Pathology of the Ner-

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RICHARD M. HODGES, M.D., Adjunct Professor of Surgery.

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DAVID W. CHEEVER, M.D., Assistant Professor and Demonstrator of Anatomy.

JOSEPH STICKNEY LOMBARD, M.D., Assistant Professor of Physiology.

JOHN E. TYLER, M.D., University Lecturer on Psychological Medicine.

HENRY W. WILLIAMS, M.D., University Lecturer on Ophthalmology. [Larynx.

HENRY K. OLIVER, M.D., University Lecturer on Laryngoscopy and Diseases of the

HASKET DERBY, M.D., University Lecturer on Ophthalmology.

SAMUEL L. ABBOT, M.D., Instructor in Clinical Medicine.

FRANCIS MINOT, M.D., Instructor in Theory and Practice.

FITCH E. OLIVER, M.D., Instructor in Materia Medica.

J. NELSON BORLAND, M.D., Instructor in Clinical Medicine.

CHARLES B. PORTER, M.D., Assistant Demonstrator.

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- The Volcano of Kilauea, Hawaiian Islands, in 1864-5 (with a Plate).
- The Fossil Reptiles of New Jersey.
- The American Silk-Worm (with illustrations).
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Dinner, Lady Webster's,	3	" "	2
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Extract of Rhatany,	2	Diascordium,	2
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Compound Colocynth,	3	Extract of Gentian,	2
Compound Squills,	4	Iodide of Potassium,	2
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Conicine,  
Extract of Belladonna,

Extract of Hyosciamus,  
" of Ipecac,  
" of Opium,  
Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. 4
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXVI.

THURSDAY, FEBRUARY 14, 1867.

No. 2.

REPORT OF A COMMITTEE OF THE SUFFOLK DISTRICT MEDICAL  
SOCIETY ON CHOLERA IN BOSTON AND VICINITY  
DURING THE YEAR 1866.

[Read before the Suffolk District Medical Society, and communicated for the Boston Medical and Surgical Journal.]

THE Committee of the Suffolk District Medical Society appointed to consider the subject of cholera as it occurred in Boston and vicinity during the year 1866, respectfully report, that, in order to obtain the fullest information upon the subject, they addressed to each member of the Society, and to a number of medical gentlemen living in the vicinity of Boston, the following circular:—

BOSTON, DEC. 8, 1866.

DEAR SIR,—The undersigned, a Committee appointed by the Suffolk District Medical Society, to investigate the history of the cases of cholera which have occurred within the District and in the vicinity during the past season, respectfully request you to aid them in this duty by a written reply to the subjoined inquiries, addressed to the chairman, at the "MEDICAL JOURNAL" office, Washington St., on or before the 15th inst.

LEONARD R. SHELDON, HENRY G. CLARK, SAMUEL L. ABBOT, WILLIAM READ, J. BAXTER UPHAM,	}	<i>Committee.</i>
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To Dr. \_\_\_\_\_

1. Have you seen or treated any cases of cholera? If so, state—
2. The date of each, the name (or initials), age, occupation, and residence.
3. The symptoms, in the order of their occurrence, noting especially the following points, viz.:—

a. Preliminary diarrhoea.	b. Rice-water discharges and vomiting.
c. Cramps.	d. Blueness, shrivelled skin, &c.
e. Suppression of urine.	f. Absence of pain.
4. The treatment and result.
5. Had the persons affected been exposed—
  - a. By contact with other cases of cholera or diarrhoea?
  - b. By personal indiscretions?
  - c. By living in, or visiting unhealthy or infected places?
6. Have you known any other case to follow exposure to those under your care; to their dead bodies, or their effects?

In response to this circular seventy-eight (78) answers have been received, among which were reports of thirty-seven (37) cases of cholera, communicated by nineteen (19) gentlemen, of which the following table is a synopsis.

VOL. LXXVI.—No. 2

No.	Name.	Profession.	Age.	Sex.	M. or S.	Date.	Residence.	Hygienic Influences.	Previous ex- posure, &c.	Premontory dysenthea.	Symptoms.	Result.	Duration.	Treatment.	Supposed exciting causes.	Subsequent cases.	Reported by.
1	M. H.	Team- ster.	40	M.	M.	April 5th.	Cherry street.	Bad.	None known.	None.	Usual symptoms.	Reco- very.		Stimulants and inhalation chloroform.	Perhaps resi- dence.	None.	Dr. L. R. Sheldon.
2	Young man.			M.	S.	Last of May.	Port- land St.	Chamber bad.	None known.	None.	Violent cramps & suppression of urine. Rice- water vomiting and purging. Lividly and loss of pulse for several hours.	Reco- very.	24 hours.	Opiates; carni- vades; stimu- lants; friction. Dose of mag- nesia sulph., & draught in attic bed-room.		None known.	Dr. B. S. Shaw.
3	M. H.	Laborer.		M.		July 20th.	Davis street, Roxb'y.	Bad.	None.	Six hours.	Violent; of usual cha- racter. Pulse not entirely ab- sent.	Reco- very.	Reac- tion, 4 A.M., 21st. Tardy conva- lescence.	Friction; ex- ternal heat; stimulants; in- jection (subcu- taneous) of morphia, gr. 4, and repeated.		None.	Dr. L. R. Sheldon.
4	H. C.	Harness maker.	50	M.		July 21st.	7 Cot- tage, E. Boston.	Good.	None known.	Yes.	Usual symp- toms, but pulse did not fall. U- rinary suppres- ed two days. No blue- ness of surface.	Reco- very.		Opi 1 gr. every hr, until vomit- ing, purging & cramps had ceased. Whis- key <i>ad lib.</i>	None known.	None.	Dr. P. M. Crane.
5	Mrs. A. F.		50	F.		July 23d.	96 Meri- dian St., East Boston.	Lives on marsh, but house well drain- ed & ven- tilated.	None known.	Vomit- ing and purging two days before.	Us. symptoms, but p. could be felt; blueness of surf. moderate. Skin of hands corrugated.	Reco- very.		As above. In- stead of whis- key, brandy; sinapism to epi- gastrium.	None mentioned.	"	"
6	Mrs. W.			F.	M.	July 23d.	16 Bridge street.	Very bad.	None known.		Usual symp- toms.	Reco- very.	36 hours.	Rice-wat., well peppered; sul- phuric ether in min. v. doses in aq. 1 fl.oz., over- ry hr. Beef-tea. Dry warmth to abdomen.	None known besides local hygienic influences.	None known.	Dr. H. G. Clark.

7	Mrs. R.		55	F. M.	Aug. 16.	Border Street.			None known.	Ailing several days, diarrhoea, 1 day.	Usual symptoms. U. suppressed. Pulse feeble.	Recovery.	Better in 24 hrs., left chamber in 1 m.	Opiates; stimulants; heat; and sinapisms.	None known. In 1850, at that time no drains, and 2 ft. cellar. In 1850 drains were laid & the premises thoroughly cleaned.	None.	Dr. D. V. Folia.
8	M. K.	Ma-chindist.		M.	Aug. 31.	86 Warren St.			None known.	None.	Usual symp.; no collapse.	Recovery.	Not stated.	Astringents and opiates; friction with dry mustard.	Had worked unusually hard.	None known.	Dr. Calvin Ellis.
9	Mrs. Brady.		40	F. M.	Sept. 2.	Davis Street, Roxbury.			None known.	For a few hrs.	Usual symptoms.	Death.	7 hs.	"Restoratives" with little or no effect.	None known.		Dr. G. J. Arnold.
10	Mrs. P. W.		43	F. M.	Sept. 2.	E. Canton.			None known.	1 day.	Of the most violent character.	Death.	12 hs.	As above.	Over-fatigue during very hot weather.	None.	"
11	Miss A.			F. S.	Sept. 3.	Fellows Ct.					Violent.	Death.	12 hs.	Astringents, opiates, stimulants.		Case of Mrs. Kols.	"
12	Mrs. C. S.		44	F. M.	Sept. 3.	Washt'n Street, near Roxbury.		Residence within 10 rods of stagnant water.	None known.	None.	As above.	Death.	11 hs.	As No. 3, except morphine by mouth instead of by inj. Siph. acid drinks. Injection of beef tea.	None known except proximity to stagnant water.	None.	Dr. L. R. Sheldon.
13	Miss P.		28	F. S.	Sept. 5.	Chester Park.		Excellent.	None known.	None.	As above, but no abd. evac. till after death.	Death.	2 ds.	Calomel with morphia, etc.	None known.	None.	"



No.	Name.	Profession.	Age.	Sex.	M. or S.	Date.	Residence.	Hygienic influences.	Previous ex- posure, &c.	Premonitory diarrhœa.	Symptoms.	Result.	Duration.	Treatment.	Supposed exciting causes.	Subsequent cases.	Reported by.
14	Mr. A.	Clerk.	19	M.	S.	Sept. 9.	Chester Park.	Excellent.	None known.	None.	Violent, but pulse not quite extinct.	Reco- very.	Reaction in 12 hs. Tardy conval.	As in all this reporter's cases, except No. 13.	Imprudence in diet and drink. Took 4 qts. lemonade day before attack.	None.	Dr. L. R. Sheldon.
15	Mr. F.	Laborer.	40	M.		Sept. 7.	3 Rock- ingham Ct.	Lives on marsh— well drain'd, open to air.	None known.	12 hs.	Usual symps., but no blueness or corrugation of skin, urine not suppressed, pulse not in ch reduced.	Reco- vered.		As above, whiskey inst. of brandy.	None known.	None.	Dr. P. M. Crane.
16	J. W. Goutier.	Seaman.	23	M.		Sept. 7.	122 Bre- men St. E. B.		Returned from Phil- adelpia while chol- era was there.	4 days.	Cramps very severe; rice-w. evac. by vom. and purg. F. almost imperc.; skin cold, moist and livid; U. suppressed.	Death.	18 hs.	Chlorf., opium, capsicum, beef tea, brandy, friction.	None.		Dr. B. F. Campbell.
17	Mrs. Shlman, niece of No. 9.			F.	M.	Sept. 8.					Severe, but not fully reported.	Reco- very.	Reaction in 24 hs. Tardy conval.	Astringents, opiates, stimu- lants.			Dr. G. J. Arnold.
18	Mrs. Carr.			F.	M.	Sept. 8.			Took care of her daughter.		Severe; in col- lapse when first seen.	Death.	16 hs.	As above.			"
19	Mrs. Kols, sister of No. 11.			F.	M.	Sept. 9.	Same h. as No. 11.				Violent.	Death from react. fever.		As above.			"
20	Mrs. S.		40?	F.	M.	Sept. 9.	Eaton Street, Roxb. near Boston.	In immed. neighb. of Davis St., where hy- gienic influ- ence are as bad as possible.	Had visit'd Mrs. B., during her sickn. whil. she was suffer- ing fr. diarrh.	2 days.	Of the most violent character.	Death.	30 hs.	Opiates and stimulants, etc. etc.	Locality of res. and prob. ex- posure to Mrs. Brady's case.	None.	"

21	Mrs. G.		35	F. M.	Sept. 10.	Fellows Ct.	As bad as possible.	Liv'd next h. to 2 of Dr. Armid's cases.	None.	Violent, but pulse not quite extinct.	Recovery.	Reaction in 12 hrs. tardy conval. miscar.	As in this reporter's other cases, and with small doses of cal. & morph.	Residence unhealthy.	None.	Dr. L. R. Sheldon.
22	James D	Shoemaker.	40	M. M.	Sept. 10.	Davis Street.	As bad as possible.	None.	None.	Violent.	Recovery.	Reaction in 8 hrs. slow conval.	As above.	Residence & excessive work in very hot weather.	None.	"
23	M. J. L.			F. S.	Sept. 11.	Carroll Pl.	Very bad.	Boy in next h. died of sim. sympt. 4 ds before. P's moth. w. him dly, & p. by him last day.	A few hours.	Usual symptoms.	Death.	2½ hrs.	Patient moribund; died in 15 min. after arrival of physician.	Contact with fatal case in next house.	None known.	Dr. A. B. Hall.
24	Mr. Sliman.			M. M.	Sept. 13.					Violent.	Death.	11 hrs.	As in this reporter's other cases.	The case of his wife.		Dr. G. J. Arnold.
25	A. A. Gould.	Physician.	61	M. M.	Sept. 14.	Boylston Street.	Good, except drain fr. a stable passes beneath house.	None known.	6 hs.	Sev. cramps, copious rice wat. dis. Face & lids shrunk, livid, skin cold, clammy, no pulse, voice very feeble.	Death.	11 hrs.	Stimulants by mouth & per anum, &c.	Eating freely of pears.	None.	Dr. Samuel Cabot.
26	J. P.	Printer.		M. M.	Sept. 17.	Brookline Street, Cambridgeport.	Good.	None known.	None.	Usual symptoms. Collapse.	Death.	24 hs.	Stimulants, brandy, ext. heat, snuff, mod'rate opiates, carminatives & liquid nourishment.	None known.	P's wife died 2d d. after fr. chol. of 12 to 15 hs.	Dr. W. W. Wellington.
27	G. Sargent.	Teamster.	37	M. M.	Sept. 20.	17 Napoleon St.	Bad.	None known.	2 or 3 days.	Usual sympt's; no pulse; skin shrivelled & of a leaden hue; voice husky.	Death.	About 12 hs.	Stimulat. mix., no pulse; skin shrivelled & of a leaden hue; voice husky.	Residence.	None.	Dr. A. J. Fenn.
28	J. L. W.	Physician.		M. S.	Sept. 25.	140 Commercial St.	Exp. daily fr. sewer opening into clock opp. filthy water closet.	None known.	10 or 12 days.	Usual sympt's; ext. precordial oppres'n; complete aphonia. Urine suppressed 20 hours.	Recovery.	24 hs.	Large doses of opiates and stimulants.	None known.	None known.	Dr. Jas. L. Williams.

No.	Name.	Profession.	Age.	Sex.	M. or S.	Date.	Residence.	Hygienic influences.	Previous exposure, &c.	Prenatal history.	Symptoms.	Result.	Duration.	Treatment.	Supposed exciting causes.	Subsequent cases.	Reported by.
29	N. G.	Seaman.	26	M.	S.	Sept. 25.	308 Hanover Street.		None known.	2 or 3 days.	As usual.	Death.	48 hs.	Ammonia in camp.-water; brandy & hot water.	Very intemp., attack complic. with del. trem.	One. See below.	Dr. James Ayer.
30	P.	Piano-forte key maker.	40	M.	M.	Sept. 28.	Myrtle Street, Roxb'y.	Good.	Not previously exposed.	Slight part of 1 day.	As usual, but cramps not very sev. No ur. for 48 hs. P. abs. at times.	Recovery.	12 hs. Conv. rapid.	Tr. opii, heat to surface, rest, good nursing.	None known.	None known.	Dr. B. E. Cotting.
31	S. G.	Teamster.	28	M.	M.	Sept. 30.	333 Hanover Street.		Case of his brother, No. 27.	12 hs.	As usual.	Death.	34 hs.	Tr. op. by mouth and inj. Alkaline mixt. brandy, etc. beef-tea, cof. &c.	Ate cold veal & ox-tail soup after diarrhoea commenced.	One, that of his wife.	Dr. James Ayer.
32	Mrs. B. W.	Widow.		F.		Sept. 30.	Washt'n r'm near fr. leaky sink in r'm above; filthy.	Walls in r'm moldy fr. leaky sink in r'm above; filthy.	None known.	1 day.	Violent, but P. not quite extinct.	Recovery.	Reaction in 12 hs. Tardy conv.	As in other cases of this reporter.	Over-fatigue & heat after diarrhoea commenced.	None.	Dr. L. R. Sheldon.
33			35	M.		Oct.	Rear of 33 Prince Street.	Very bad.	None known.	Yes.	Usual sympt's; had been in collapse 6 hours.	Recovery.	1 week.	Ext. warmth & stimulants.	None known.	None known.	Dr. A. B. Hall.
34	A. de Silva.	Seaman.	33	M.	M.	Nov. 4.	10 Cooper St.	Not bad.	None known.	1 day.	Usual sympt's; severe; suppr. of urine 3 days, & no pulse most of the time.	Recovery.	10 days.	Moderate opiates, bismuth, stim his, sinap. Temp. of room kept at 96-100°.	Imprudence in eating the previous night; lived very near Carroll Place.	None known.	"
35	V. Augur.	Mechanic.	25	M.	S.	Nov. 15.	20 Salem St.	Good.	None.	Several days.	Usual sympt's; cramps severe; rice-water dis. suppressed.	Death.	17 hs.	Brandy & cap-sicum in liberal doses; camph., liq. potasse.	Was in habit of visiting privies of the B. & M. R. R. Depot.	None.	Dr. Eli Thayer, Jr.
36	W. E. Townsend.	Physician.	46	M.	M.	Nov. 16.	Beacon St.	Excellent.	Visited fatal case of cholera a few ds pre.	Had several attacks in sum'r prior to last sick.	Usual sympt's; rice water dis. with high odor; surf. cold & livid; ur. suppr.; no p. at times, occ. faint'g.	Death.	About 30 hs.	Opium by mouth, subc. inj. of mor. meat-tea, laudanum and brandy, per anum, acid sulph.	Had visited a cholera patient twice.	None.	Dr. Chas. E. Ware.
37	E. A. S.		38	F.	M.	Dec.	High Street, S. Malden.	Excellent.	None.	2 hs.	Usual sympt's; severe cramp; urine totally suppressed.	Recovery.	24 hs.	Dry heat & sinap.; brandy & capsic.; op., cam. & beef-tea.	Eating fresh pork once a day for 2 weeks previously?	None.	Dr. W. G. Wheeler.

The reports of these cases, most of them quite full, have been carefully considered by the Committee, and the opinion of the Committee was taken upon each of them by vote. They unanimously agreed that all of them should be classed as cases of Asiatic cholera.

The following is the account of the case of Dr. A. A. Gould, by the attending physician, Dr. Cabot:—

Dr. Gould had been as well as usual and attending to his business, when about noon of Friday, September the 14th, he had two watery discharges from the bowels. During the afternoon he had three or four more copious discharges of the same character. Between 6 and 7 o'clock vomiting began, and shortly before 8 o'clock very severe cramps occurred in the feet and calves of the legs. About quarter past 8 he had a very copious discharge, more than half filling the vessel, presenting the rice-water appearance, *but having some fecal odor*, and containing some small particles of fecal matter stained with bile. In the course of an hour these symptoms were gone, and the patient seemed quite comfortable and had a good pulse. He had no more diarrhœa or cramps or vomiting, except that he vomited a dose of aqua ammoniæ. There remained an unpleasant coldness of the hands, and from that time the patient steadily failed. At 2, A.M., he was in collapse—the face and hands shrunken and livid, the skin cold and clammy, the radial pulse absent, the voice almost inaudible. He was restless and uneasy, took ether occasionally—apparently to relieve the uneasy and distressed feeling which accompanies collapse—and notwithstanding the coldness of the skin, could not bear the encumbrance of the bed-clothes, even the lightest.

All efforts at restoration by the stimulants administered, both by the mouth and per anum, were without effect. He continued steadily to fail, and died at 5 o'clock, A.M., Sept. 15th.

According to request, the Committee have examined specially the case of Dr. Gould, and in addition to the above facts would remark that he possessed a frail constitution, and had suffered many years from indigestion. He had, only a few days before his last sickness, two attacks of vertigo, the latter being so severe that he fell upon the sidewalk near his own house, and was carried in by persons who happened to be passing at the time.

The Committee are informed, also, that he had been eating very freely of pears, and that he himself attributed his attack to this circumstance. Notwithstanding his bodily infirmities, his mental powers remained intact, and his love for scientific pursuits grew with increasing years.

We can learn of no exposure to cases of cholera or choleraic diarrhœa to which we can ascribe his disease, nor of any cases that occurred subsequently to his in consequence of proximity to him during his sickness, or to his remains after death. This Society will

well remember how many friends stood mournfully around him and paid their last respects to one who while he lived was loved and honored by all who knew him, and who adorned the profession to which he belonged.

It is also a fact to be remembered, that, as the result of an autopsy made by Drs. Langmaid and Swan, the internal organs, excepting the intestines, showed an almost entire absence of fluids, and that the bladder was empty and contracted; also, that epithelium was found floating in the small amount of fluid which remained in the stomach and bowels.

In the opinion of your Committee, the history of Dr. Gould's sickness embraces all of the necessary symptoms of a case of genuine Asiatic cholera.

The Committee also feel it important to state that there is a livery-stable directly in the rear of Dr. Gould's late residence, and they are informed that the drainage of this stable passed under the house; and, also, that Dr. Gould spent a large portion of his time in his office, upon the lower floor of the house.

The case of Dr. William E. Townsend, which possesses also a painful interest, was reported at the meeting of the Suffolk District Medical Society, held Nov. 29th, by Dr. C. E. Ware, as follows:—

Dr. Townsend had, during the past summer, been less well than formerly. He had not taken his usual vacation, and had had a good deal of night-work. Friday, the 16th of November, he attended a funeral. Two days previously he had made a visit to a fatal case of "cholera." Dr. Ware was called to see him on Friday, at 5½, P.M. He had eaten his dinner as usual. He had had no diarrhœa previous to his attack, but had felt somewhat feeble. The attack began with vomiting and diarrhœa. When seen, he had had several dejections and vomiting, which did not yield to simple treatment. The discharges were watery, with marked fœcal odor and color. He vomited immediately after a dose of opium, and then got, over the abdomen, a subcutaneous injection of morphine, which gave no relief. The skin was warm and natural; the pulse accelerated—half an hour afterwards almost imperceptible. An injection of meat-tea, laudanum and brandy was administered, which was retained. Half an hour afterwards, he vomited for the last time. Coldness began half an hour before the cessation of the diarrhœa, and gradually increased, and lividity came on. Pulse almost gone. Great faintness.

At 7½, P.M., the pulse was entirely gone, and for an hour or two did not return. The patient took food and drinks—dilute sulphuric acid—and coffee, which he relished much. He was in this condition till—

9½ o'clock, when there was a slight return of warmth, but no pulse. The lividity and faintness continued, though the latter was less marked. Then the pulse began to return. Mind perfectly clear. Continued in this way through the night. Had two dejections, wa-

tery, with rice-water appearance, but having slight odor. No sleep. Pulse off and on.

In the morning at 8½ o'clock, the pulse was constant, though very slight. No dejection after 3 or 4 o'clock, A.M. No nausea. Occasional cramps, not severe. Continued in this way during the forenoon. Urine not passed after 3, P.M., of the day before.

He was last seen at 11½, A.M. Complained of asthma (to which he had been subject for many years), and was using a cigarette. His condition looked then as favorable for rallying as at any time; three quarters of an hour afterwards he was dead.

The slight reaction at 10 in the evening was imperfect. In the morning there was a little more. The skin was better; lividity of face less, of hands the same. The face was shrivelled throughout the forenoon. The patient looked as if possibly he might recover.

[To be continued.]

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#### EPILEPSY FROM LEAD POISONING.

[The following case, addressed to Dr. H. I. Bowditch by letter, was read by him at the meeting of the Suffolk District Medical Society on the 26th ult., and by him communicated to us for publication.—EDS.]

My boy, Frank, was eight years old on the 8th of September, 1865. Has always been of more delicate formation than his twin brother; bones smaller, weight two or three pounds less. We consider him as having the most delicate and susceptible nervous system of any of our six children.

The latter part of September, 1865, his brother reported that at school he had fallen, and, according to his description, was convulsed. (It subsequently appeared that some days previously he had a similar attack while amongst his playthings in an attic room, when his brother noticed him lying on the floor and acting strangely, and asked him "What he did so for?" He replied, "He did not know." Neither of them thought enough of it to report it until after the attacks became frequent.)

The evening of the day of the attack at school, the nurse called his parents, after he had been asleep, saying that he was breathing strangely. Nothing abnormal appeared when we arrived, but I seated myself in the adjoining room, and in the course of an hour heard the heavy and laborious breathing, and found him in a convulsion, which continued not over a minute. The eyeballs were distorted and the body and arms flexed spasmodically.

These attacks numbered seven or eight daily, and in the course of two or three days amounted to fifteen daily, which number daily continued until the middle or latter part of the following February, having, however, once numbered twenty-two or twenty-three in twenty-

four hours; but this was when the attacks were not the most protracted nor the most brief.

The duration of each attack varied at different periods, from (I should judge from memory, never by the watch) one third of a minute to one and a quarter or one and a half minutes. They did not vary *much* in duration and severity usually during a period of twenty-four hours, but did in a period of weeks. The heavy, labored, almost stertorous breathing was our first admonition during the early attacks (when he has asleep); soon this ceased, and during the last month or two this symptom occurred only at the close of the convulsion, and was our first notice of its subsidence. Indeed, I remember failing to discover any sign of respiration during the greater part of an attack in some of the later weeks. Some other symptoms varied in like manner, as to order, during the whole period. A small quantity of saliva ejected from the mouth terminated many of the attacks—perhaps one fourth of them. The turning in of the thumb upon the palm was sometimes noticed, but was not always or uniformly the case, while I think the strong flexion of the fingers was a usual accompaniment.

The strong contraction of the muscles of the back and back of the neck, at the termination of the convulsion (spoken of by Tanquerel), was noticed during the severer attacks, but did not accompany the lighter attacks. During the night attacks he was always placed in a sitting posture, to elevate the head. Throughout the whole period of more than four months, I failed to discover the blue line on the edge of the gums, spoken of as appearing in lead poison. But the yellowish color of the teeth was quite apparent. One other characteristic spoken of by Tanquerel, was well marked in this case. It was the approximation to recovery, and diminution in force of the attacks, so as to excite strong hopes of a speedy and complete restoration, and then a return of all the symptoms in their severity, to be followed by another amendment—what I should call getting up three feet and falling back two.

Early in November there was some want of power of speech soon after a night attack—the little fellow crying bitterly at his inability to inform us of his desire for the vessel. This, in a less degree, may have been noticed two or three times only; but by the last of November a foot began to drag, and soon he could only creep about “on all fours.” He had also lost in looks of health very much in two weeks. The hand of that side was also soon affected; he could not button his clothes or cut up his food, and was carried up and down stairs. He had as many attacks during the day as night, during the severer state of things. Soon he regained his power of his limbs, and the attacks diminished in severity and were confined mostly or entirely to the night. He could accompany me to the village on foot (one eighth of a mile), and if I stopped to talk with a friend, would enjoy prancing back and forth, as boys do when they “make

believe horse," his appearance being merely that of a boy who had been sick and who had not regained full health. Again, the paralysis returned and the necessity of creeping, but I think the hand this time was only slightly affected. A subsequent amelioration took place in February. The day and night convulsions became more brief—some of them not over one fourth or one third of a minute in duration—and during that month disappeared altogether. He has (Jan. 18th, 1867) had no attack since then.

It was just about a year ago that I suspected the cause, and the well-water was examined by Dr. James C. White, of Boston, who reported, Jan. 17th, 1866, "a considerable amount of lead" in both of the specimens (one drawn in the morning, the other at noon)—more in that drawn early in the morning, "but that taken at noon was also impregnated with it in a highly dangerous degree."

I immediately confined the boy's drinking of water to the rain-water from our brick cistern in the cellar, having it dipped from the top, for the faucets near the cellar and wash-room floor were joined to lead pipe which passed through the two courses of brick. This was about four and a half or five weeks prior to the cessation of the convulsions. As speedily as possible, I had the pipe in the well replaced by one of galvanized iron, but owing to the ground between the house and well being frozen to the depth of over two feet, and all obtainable hands being busy at cutting ice, it was not changed until the 2d or 3d of February last, and the final convulsions were about from the 20th to the 25th of that month.

The attacks in the day-time were without premonition; sometimes he thought he had a slight dizziness a moment before, but was unable to notify us. To us the attack seemed instantaneous; as, when as cheerful as usual (talking the moment before), he would fall to the floor from his seat; once, when standing by the dinner table chatting with his brother, he fell backwards, turning one quarter around, the arms and neck contracting, otherwise at full length, striking his head against a sheet-iron stove. Twice again, I remember, when standing, he fell *full length* backwards, and as suddenly (from perfect consciousness) as if struck by a heavy blow upon the head—once striking his head against a window-sill eight inches above the floor, and in the other case against a door-sill over which he had just passed.

After his recovery, his twin-brother frequently complained, for a month or two, of severe pains in the front of the leg, and previously my eldest boy (then 16) had suffered in the same way. With these exceptions, none others of my family were affected by the lead pipe; these may possibly have been the effects of the lead.

As to the treatment adopted in this case. Worms were at first suspected as a possible cause; treatment for which manifested nothing but a perfectly healthy state of excretions. After various treatment, bromide of potassium was used and from time to time resumed, without any apparent effects, when, at Dr. Jeffries's suggestion



as of possible benefit, we used strychnine. It was commenced, I think, when he was in the worst condition of paralysis, and the amendment which soon followed I naturally attributed to the strychnine; but when, after restoration of the use of his limbs, he again grew worse and could only creep upon the floor, I again used the strychnine, it did not seem to produce any perceptible effect, and was discontinued or only occasionally resorted to, and the subsequent amendment took place long after that or any other medicine was used; so that I queried whether the first amendment was not coincident with the use of the strychnine rather than an effect of it, as I at first confidently supposed.

The greater disposition to laugh and cry uncontrollably was the only remaining symptom of a deranged nervous system during several months after his restoration, and he bore porter well, except that when, in early summer, the weather became cool, it became necessary to suspend it, as both tonics made him a sort of crazy nuisance in the family. Since then he has only had porter in the most extremely hot days.

I think he is now as strong and well as he ever was, except, perhaps, an occasional manifestation of too great susceptibility beyond what he formerly possessed (always greater with him than with the other children), in sometimes crying or laughing at trifles.

Dr. Jeffries has called my attention to the fact, that in the Paris Hospital Reports, quoted by Tanquerel, out of the nearly fifty cases of this form of lead poison, not one case is given as produced by drinking water impregnated with lead. All were either workers in some form of lead, or persons exposed to its fumes—enamelled card manufacturers, &c. The fumes from a room occupied by some such artizan in lead seem to have, in one instance, affected the occupant of a room directly above, and produced a marked case of lead-poison, but which form of it I forget. I have heard of the occupant of a counting-room in Boston and his clerks experiencing the effects of the poison from casks of white lead stored in the room or cellar directly beneath the counting-room.

Yours truly,

Bridgewater, Mass., Jan. 19, 1867.

LEWIS S. HOPKINS.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

Dec. 10th.—*Very extensive Fracture of the Skull.*—Dr. COOLIDGE reported the case.

A boy, 9 years old, was struck on the head by a piece of timber four feet long and six inches square, which was used to fasten the scaffolding of a new building to the wall. It fell from a height of about twenty-four feet, striking the boy directly on top of the head; he was

brought immediately to the City Hospital, where he died in a short time. There was an ecchymosis extending across the head, three inches long and half an inch broad; the whole scalp over the vertex was swollen and doughy, but the skin was nowhere broken. The autopsy was made by Dr. SWAN, who has furnished the following account:—

*Autopsy.*—The scalp was very much thickened by an infiltration of blood and serum, generally in two distinct layers, the former nearest the skull. Centred on the median line and occupying the parietal bones, was a roughly circular mass of fractures a palm's breadth in extent. There were five principal fragments, four of which were entirely surrounded by lines of fracture, while the posterior curve of the circle, instead of completing the fifth fragment, passed over the middle of the right parietal, tearing the dura mater and the brain beneath to the extent of two inches, and terminating by two branches on the floor of the skull, before and behind the petrous bone. The mastoid cells on that side contained effused blood. From the middle of the sagittal suture a line extended directly backwards, passing through the occipital bone and terminating a little to the left of the foramen magnum. The anterior extremity of this, the longest independent line, curved to the right, and was lost under the temporal muscle, which was bruised and ecchymosed. Under that portion of the sagittal fracture behind the mass of fragments, the longitudinal sinus was lacerated for two inches of its course, in part of which its cavity was laid open. The central fragments were depressed, and their impression was left upon the surface of the brain, whose substance was firm and whose convolutions were much flattened, particularly in the left hemisphere. Scattered ecchymoses were numerous in the gray substance of the upper parts of both hemispheres. Beneath a perforation of the dura mater on the left side, was an apoplectic clot the size of a filbert. There was effused blood upon the upper surface of the brain and beneath the right half of the cerebellum. The ventricles and base of the brain were uninjured.

The blow seems to have been too sudden and forcible for the effects of *contre coup*.

DEC. 10th.—*Fatty Degeneration of the Placenta; Successive Miscarriages.*—Dr. J. P. REYNOLDS reported the case.

Q., a strong, well-made American woman, 33 years old, was delivered of a dead male child, about eight months advanced, on the 7th instant. The woman had had no previous illness. The only child of a former marriage is now living. She was married to her present husband six years and a half ago. Since that time she has had five confinements—at six and a half months once, at seven months twice, and at the term, in July of last year. The last-named child lived two hours, and then died without known cause; the earlier children were all stillborn. One month before the first labor she had received a severe blow upon the abdomen.

Until the present time she has employed a midwife, and cannot state whether there was at the other births any disease of the placenta. The first child and the second were thought to show evidence of being some time dead. There had been irregular uterine pains for several days before delivery. Three days previously to it, the foetal movements, which had been growing feeble, ceased. No distinct proof of life could be obtained by auscultation. The head presented

in the first position. The pains were efficient, the labor rapid. The dependent portions of the fœtus, when expelled, were of a bluish color. There was no pulsation in any part of the cord. The child was well developed, measured seventeen inches, and the skin everywhere in a sound condition. All efforts at resuscitation failed.

A large portion of the placenta was in a state of well-marked fatty degeneration. There was no reason to suspect the existence of any venereal taint in either parent.

JAN. 14th, 1867.—*Rachidian Meningitis*.—Dr. BORLAND reported the case, so called to isolate it from the cases of epidemic cerebro-spinal meningitis.

R. N., æt. 25, machinist by trade, entered the City Hospital on the 29th of December. Has spina bifida over fourth lumbar vertebra. Always weakly, and inclined to attacks of diarrhœa and dysentery. Had prolapsus ani until ten years of age. When 14 years old, he fell and ruptured the sac over spina bifida, and was sick in consequence for six months; symptoms then not ascertained. He recovered, and was well enough to serve nine months in the army, and seventeen months as engineer in the navy. Had dysentery when in the army. He left the navy one year ago, and since that time he has felt less well. During past few months he has worked as machinist in Charlestown Navy Yard. The work was hard, and he felt much weakness, especially in the back. Dec. 16th, he rode to his home at the South End, on the top of an omnibus, thinly clad, and then began to have pain in his back—first felt at lower part, gradually extending upwards, and preventing his lying down. In two or three days he had retention of urine, which was scanty, high colored, and was passed with difficulty, occasionally requiring catheter. For a week before entrance he had headache, insomnia and delirium, which was more intense at night, amounting to an active mania. For three days before entrance his head was constantly thrown back; once or twice he had slight opisthotonos. Bowels were constipated. At entrance there was a general tenderness of entire length of spine, but much more strongly marked about the scar of the spina bifida. His constant position in bed was on his right side, with his head thrown far back. The cervical muscles were relaxed. Bending the head forwards caused great pain. In evening, noisy, active, restless delirium came on. He was ordered, *R. Potass. bromidi*, *℥i.*, every two hours. *R. Tinct. hyoscyami*, *℥i.*, three times in night.

Dec. 30th.—No apparent effect from medicine during the night, but was quiet and rational at the visit, it being the first time I had seen him. Marked tenderness over lower dorsal and lumbar vertebræ; tenderness slight over cervical vertebræ, but pain is caused on moving head. Cannot micturate when lying in bed; when standing up for this purpose, in erect posture, so that pressure is transmitted from the heels through the spine, general, universal convulsive action is excited, the patient requiring the aid of an assistant to prevent his falling. The convulsion ceases when standing on the toes, leaning forward, resting his weight on his hands. Effort of rising leaves him pallid, exhausted, with temporary return of delirium. Pupils equal; wild expression of eyes. Emplast. belladonnæ was ordered, three inches by twenty-four inches, to be applied along the spine. Ext. belladonnæ, gr.  $\frac{1}{4}$ , every four hours, and ammoniæ valerianatis, gr. iij., every four hours, alternating with belladonna pills.

Dec. 31st.—Pulse 120. Left pupil more dilated than right. Tongue coated : brown at centre. Noisy ; violently delirious through the night ; more delirium through the day than yesterday. Slight muscular twitchings when in bed. Head less thrown back. No rigidity of cervical muscles. Urine loaded with albumen ; phosphates increased ; urea absent ; a little pus ; no casts or blood. Twelve leeches to spine.

Jan. 1st.—Again violent at night ; is weaker to-day. Mind wandering. Convulsions on standing erect less marked, but a general trembling taking their place. Constipated. *R.* Vini ergotæ, gtt. vi. With the ergot, laxative enema.

2d.—Quieter night. Generally delirious on first attracting attention ; responds rationally, but soon becomes incoherent. Convulsive action exists whenever patient stands up, or assumes a sitting posture. Micturition more difficult. Bowels still costive. To have magnes. sulph.,  $\frac{3}{4}$ ss., and cider as a drink, freely.

3d.—Head more retracted than at any previous time. Delirious till 3, A.M. ; since that time unconscious. Slight whispering, muttering ; eyes half closed ; muscular tremor ; subsultus tendinum, with a pulse just perceptible, with irregular, hurried flutter, was his condition till his death, at  $1\frac{1}{2}$ , A.M., of the 4th inst.

Permission for an autopsy was obtained too late to be availed of.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 14, 1867.

### FEMALE PHYSICIANS.

THE following communication has been placed in our hands, with a request for its publication. The subject of which it treats has hardly been brought before the medical profession here in the form in which it presents it, and from motives of courtesy, if for no others, we are willing to give it insertion.

MESSRS. EDITORS,—Will you allow me, through your pages, to ask one or two questions of the medical profession, on a point sufficiently important to them and to the public.

The practice of medicine by women has the sympathy and aid of many physicians, the disapproval and dislike of others. But those who approve and those who object are alike obliged to acknowledge it as an established *fact*, which no desire or action of theirs can alter. Every year proves more clearly that women will study medicine, will receive legal qualifications to practise, and will be employed by the public. On these points the gentlemen of the medical profession have no choice whatever.

But the choice that does lie in their hands is whether they who fill the most honored posts in the profession will aid, control and regulate this movement, so as to bring out from it the best possible results ; or whether it must go on in spite of them, they refusing to aid women in getting competent education, declining to give them the right hand of fellowship, and forcing them into a position of antagonism which is most to be deprecated for all parties.

I am quite sure that the most earnest women who study and practise medicine least desire that any standard should be lowered for them, or any vantage ground claimed on their behalf. All that they ask from their elder brethren are the means of competent education, thorough examination as to ultimate acquirements, and then, to those who prove themselves worthy, frank recognition and hearty coöpe-

ration in the practice of that healing art which ought surely to be unsullied by prejudices and unbarred by monopolies.

The questions, then, that I would ask are these:—Will the leaders of the medical profession coöperate in providing means for the thorough medical education of women? Will they judge them by exactly the same standard, and act to them on exactly the same principles, as would be the case with students and physicians of the other sex, leaving them to stand or fall on their own merits, neither helped nor hindered by preconceived opinions or foregone conclusions?

Yours obediently,

A FEMALE MEDICAL STUDENT.

With regard to the remark that the practice of medicine by women is an "established fact," and that therefore it becomes the medical profession to act in such a way as to deprive that fact of the danger inherent in it, by providing for a suitable medical education for female practitioners, we would remark, that as an argument it savors strongly of its feminine source.

"First, then, a woman will, or won't—depend on 't;  
If she will do 't, she will; and there's an end on 't,"

rises involuntarily to our minds as we read it. As an *argument*, its force is limited, in our opinion, to the scope of this couplet. Treating it seriously, however, the argument would apply with equal force to any form of error, delusion or wrong, which is none the less to be combatted because it may have the sanction of those, even of the highest social position, and whom we are ready to admire and love for every possible quality but that judgment and wisdom, the absence of which is too often to be lamented in those who in all other respects are most admirable. An "established fact" may often, and will often, in the order of Providence take its place among the dreams of the past if left to work out its own destiny.

But looking at the question simply on its own merits, it does seem to us that the time has come for the medical profession seriously to consider whether in excluding female aspirants to the labors and honors which they have heretofore regarded as exclusively belonging to the sterner sex, they are acting with the spirit of wisdom and justice which should characterize an enlightened age. To a limited extent, it is true, established schools of medicine, even in this country, have admitted female candidates for a medical degree. One of the female practitioners of medicine now practising in Boston has a diploma from a Western medical school. In the Medical School of Paris, also, we are informed, women are not excluded on account of sex. The courtesies recently extended to Dr. Mary Walker in England by the medical profession are fresh in the memory of our readers; albeit there were circumstances connected with her appearance before an audience of medical students which might well deter any but a most heroic spirit from willingly submitting to the repetition of such an ordeal. It would seem to be time that the question as to the status of female physicians among us should be definitely settled by adequate authority. It is a question, as we had occasion to remark some time since, quite independent of that of the standing of any existing school for the exclusive training of female physicians. Our correspondent, if we understand her aright, by no means takes the position of champion of any such institution—quite the reverse. What she wishes is the privilege of entering either of our State Medical Schools on an equal footing with the young men who have heretofore been the only pupils of those institutions. She is ready to meet the trial, which must be indeed severe for one who leads the way in such an innovation. We submit her questions to the medical profession, bespeaking for them a courteous consideration.

**Massachusetts General Hospital.**—At the Annual Meeting of the Corporation of the Massachusetts General Hospital, held on the 6th inst., the following resolutions were unanimously adopted:—

*Resolved*, That the Corporation of the Massachusetts General Hospital desire to place upon their records an expression of their respect for the memory of the late Dr. Augustus A. Gould, a Visiting Physician of this Institution for nearly twelve years, and of their grateful appreciation of his professional services and personal qualities, to which the Hospital and its patients have been deeply indebted.

*Resolved*, That the Secretary be requested to communicate these resolves to the family of Dr. Gould, and to assure them of the sympathy of the Corporation in their bereavement.

The Corporation elected the following officers:—*President*, Robert Hooper; *Vice President*, Edward Wigglesworth; *Treasurer*, J. Thomas Stevenson; *Secretary*, Thomas B. Hall; *Trustees on the part of the Corporation*, James M. Beebe, Charles H. Dalton, Samuel Eliot, George Higginson, John Lowell, Henry B. Rogers, Charles S. Storow, Henry A. Whitney.

**Spasmodic Asthma.**—In answer to frequent inquiries, we are permitted to state that the author of the article on Spasmodic Asthma, which appeared in the JOURNAL of January 17th, was our late lamented friend, Dr. William E. Townsend, of this city. Had his life been spared he would probably have extended his paper to a much greater length.

**Physician's Daily Pocket Record.** . By S. W. BUTLER, M.D., Philadelphia.—We have received from the Editor of the *Medical and Surgical Reporter* a copy of his new Pocket Record. It contains a perpetual calendar, list of new remedies, classified list of medicines with doses and prices, a table of proportional quantities, a chapter on poisons and their antidotes, one on disinfectants, one on the treatment of asphyxiated persons, of medicinal weights and measures, a table for calculating the probable duration of life, a table of fees, one of signs, a visiting list, with index, one for calculating the period of utero-gestation, an obstetric record, a vaccination record, a record of deaths, and blank leaves for memoranda. The visiting list is so arranged that it will answer for a year from any date. In the list of medicinal agents the principal articles of the *Materia Medica* are classified by their therapeutic properties, and these are arranged alphabetically—a very convenient plan, and at the same time this part of the volume is reduced to the smallest possible compass. As a whole, Dr. Butler may be said to have been entirely successful in preparing a very convenient Pocket Record, less cumbersome than some now in use, while it contains about all that can ever be needed in daily practice.

**Election of City Physician and Consulting Physicians.**—The City Government have re-elected Dr. William Read as City Physician, and Drs. John Jeffries, Winslow Lewis, Henry G. Clark, Charles E. Buckingham, and D. H. Storer, Consulting Physicians.

**Sulphite of Soda in Smallpox.** MESSRS. EDITORS,—In the JOURNAL of the 7th inst., I notice an extract from a communication by Dr. Nichol, relative to the use of sulphite of soda in smallpox. During the late war, while I had charge of

the Post Smallpox Hospital at Smithland, Ky., I frequently made use of the same remedy, and, in upwards of forty cases in which I tried it, it proved to be of great advantage, both internally and externally. Applied to the pustules, in both distinct and confluent forms, it was of signal benefit in lessening the pitting, while it was a very soothing application on account of its refrigerant and antiseptic properties, which relieve the intolerable itching. A tablespoonful every two hours has produced a better effect than when given at longer intervals. I may say that the strength of the solution was the same as that of Dr. Nichol.

South Windham, Me., Feb. 11, 1867.

WM. WIRT PIPER, M.D.

*The Injuries to the Eyes, to which Engineers and Boiler-makers are specially exposed.* By G. LAWSON.—It is really distressing to witness the number of eyes which are lost yearly by some of the most intelligent of all our mechanics, and simply from the fact that they will not take the easy precaution of wearing a pair of protectors when engaged at work which jeopardizes the safety of their eyes. Experience is of little use in teaching them prudence, for having lost one eye from an accident incidental to their employment, they often return to the same work as soon as they have recovered, without using any protection for their single eye, and in several instances they have been brought to the hospital after a lapse of time, with it also destroyed by a similar casualty.

The boiler-makers are more liable to accidents than the engineers, and they are usually of a more severe character. In striking hot rivets and in cutting cold ones, fragments of the metal become detached, and fly off with such violence as often to penetrate the globe, or to inflict on it an injury which is either irreparable, or else, if the eye recovers, to leave it permanently a damaged organ.

I have lately had some efficient eye-protectors made by Mr. Pillischer, the optician, 88 New Bond Street, which may be purchased for the moderate sum of 5s. 6d. The only peculiarity about them is, that the glass front, instead of being of common glass, which is easily broken, is made of the best plate, 1-16th of an inch in thickness; the glass face is larger than in those commonly used by the men, so that the field of vision is scarcely interfered with, and the surrounding wire gauze is of the best material. They accurately cover the eye, and are maintained *in situ* by an elastic band around the head. They are efficient protectors, and would, if habitually worn by men who expose their eyes to constant danger, diminish to a very appreciable extent the number of eyes which are lost every year through the want of this simple precaution.—*Ophthalmic Hospital Reports*, in *Ophthalmic Review*.

*Mortality of Childbirth as affected by the Age of the Mother.*—The following are the conclusions on the subject arrived at by Dr. Matthews Duncan:—

1. Youthfulness has less influence in producing mortality from parturition than elderliness.
2. From the earliest age of childbearing there is a climax of diminishing puerperal mortality, succeeded by an anti-climax of puerperal mortality increasing till the end of child-bearing life.
3. The age of least mortality is near twenty-five years, and on each side of this age mortality gradually increases with the diminution or increase of age.
4. Above twenty-five years puerperal mortality increases at a much higher rate than it increases at corresponding periods below twenty-five years.
5. Though it is not deducible from anything in this paper, it is too interesting to omit noticing that the age of greatest safety in parturition coincides with the age of greatest fecundity, and that during the whole of child-bearing life, safety in parturition appears to be directly as fecundity, and *vice versa*.—*New York Medical Journal*, from *British Medical Journal*.

*Cholera and Quarantine.*—The *British Medical Journal* says, that it is the intention of the Egyptian government to institute precautionary measures against the importation of cholera by the Mohammedan pilgrims next year. The quarantine measures which it has been proposed should be adopted, have been frained

with regard to both vessels and caravans, and are to the following effect:—All vessels with pilgrims are to be subjected to interrogation, and if found to have had cholera on board, are to be sent to perform quarantine. All caravans are likewise, if necessary, to undergo quarantine, for which special accommodation is proposed to be provided. And should cholera break out in the Hedjaz, it is proposed that no communication between that province and Egypt should be allowed by sea.—*Medical and Surgical Reporter*.

*Qualifications for a Surgeon.*—Every aspirant for surgical honors is sure to be told early in his course by some kind friend or other, that to be a good surgeon a man must have a lion's heart and a lady's hand. Well—he looks down at a hand of anything but feminine proportion, and looks back to his sensations at the first operation he witnessed; and he is apt to conclude that he has chosen the wrong path in life. By-and-by he finds that by constant practice in the use of instruments his fingers have acquired a new delicacy and flexibility; and he finds, too, that as the source of the lion's courage lies in consciousness of strength, so the moral courage and firmness typified by the lion's heart, may come to him as sure results of better knowledge and training, and self-reliance. Uncertainty and ignorance can hardly produce anything but cowardice or rashness; true courage is associated with judgment and reflection.—*Medical Times and Gazette*, from an *Introductory Address at St. Thomas's Hospital*, Oct. 2d, 1865, by WILLIAM M. ORD, M.B. Lond.

*Ribbon from Spider's Silk.*—Dr. B. G. Wilder exhibited a yellow band of silk of the *Nephila plumipes*, a geometrical spider, which had been woven into the middle of a ribbon by a power loom. The thread consisted of many threads reeled directly from several living spiders at the same time, and doubled and twisted. The exact number of threads is not known, and the specimen was prepared and exhibited simply to show the entire practicability of reeling and weaving it.

He had found the bite of this spider to be entirely harmless, it having bitten a young kitten severely six times, drawing blood quite profusely. No ill effects were noticed after the immediate pain of the bite had passed away.—*Proceedings of Boston Society of Natural History*.

*Free Public Baths in Boston.*—The *Commonwealth* states that the Bathing Committee are already preparing for the summer campaign. An additional bath-house will be built and located in the vicinity of Federal Street and Mount Washington Avenue bridge, enlarged and exclusive accommodations provided for women and girls, and, if possible, permanent hot and cold baths and a wash-house or laundry be placed in the basement of the new charity building on Chardon Street. A further supply of public urinals, also, is to be asked of the city government.

From the Report of the Committee of the City Government on Free Bathing Facilities, we take the following statistics for the year 1866:—Whole number of men bathers, 100,913; boy bathers, 280,941; women bathers, 14,050; girl bathers, 37,786. Total baths given, 433,690. Cost of the West Boston Bridge Bath to December 1, 1866, \$4,213.04; Warren Bridge Bath, \$2,357.82; East Boston Bath, \$2,772.55; Arch Wharf Bath, \$2,712.72; South Boston Bath, 2,308.25; Dover-Street Bridge Bath, 3,039.67. Total cost, \$17,404.05. Average cost of each establishment, \$2,900.67½; of each bath given, 4+ cents.

*Washingtonian Home in Boston.*—From the Annual Report of the Superintendent and Physician of the Washingtonian Home for the Intemperate, in Boston, we learn that there were admitted to the institution during the year ending Dec. 31st, 1866, 349. Returned second time, 34; third time, 18; fourth time, 6; fifth time, 2. Average number of days which each patient has remained in the institution, 27; average cost of sustaining each patient while at the "Home," \$37.13.



Of those admitted there have been—Merchants, 56; clerks, 68; lawyers, 8; physicians, 6; clergymen, 3; printers, 11; actors, 4; chemists, 2. Balance comprising artists, mechanics, and one or more from almost every trade and calling, from the learned and scientific professions to the day-laborers.

In the Buffalo General Hospital the total number of patients treated since the opening, July 15, 1858, was 2894. Admitted during last year, 396; number of patients under treatment during the year, 456. Number of patients discharged well, 275; relieved, 89; not relieved, 27; died, 33; total, 424. Remaining December 31st, 1866, 32.

**VITAL STATISTICS OF BOSTON.**  
**FOR THE WEEK ENDING SATURDAY, FEBRUARY 10th, 1867.**  
**DEATHS.**

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Deaths during the week - - - - -	45	43	88
Ave. mortality of corresponding weeks for ten years, 1856—1866	44.3	42.0	87.3
Average corrected to increased population - - - - -	00	00	96.18
Death of persons above 90 - - - - -	0	0	0

**JOURNALS AND PAMPHLETS RECEIVED.**—Medical Record, Nos. 22 and 23.—Medical and Surgical Reporter, Vol. xvi., Nos. 1-5.—American Journal of Medical Sciences for January.—Medical News and Library for January.—Buffalo Medical and Surgical Journal for January.—Chicago Medical Examiner for January.—Cincinnati Journal of Medicine for January.—Medical Reporter, Nos. 21-23.—Nashville Journal of Medicine for January.—Richmond Medical Journal for January.—Atlanta Medical and Surgical Journal for January.—Galveston Medical Journal for May and June.—L'Union Médicale, Nos. 151-154, and Nos. 1-12 for 1867.—Journal de Médecine de Bordeaux, Janvier, 1867.—London Lancet (reprint) for January.—American Journal of Pharmacy for January.—Chemist and Druggist for January.—Journal of Materia Medica for January.—Detroit Review of Medicine and Pharmacy for January.—Druggists' Circular, January and February.—Boston Journal of Chemistry and Pharmacy, No. 4.—Dental Cosmos for January.—University Journal of Medicine and Surgery, Nos. 8 and 9.—American Eclectic Medical Review for January and February.—New England Medical Gazette for January.—Medical Investigator for January.—Herald of Health for February.—United States Medical Journal for January.—Hall's Journal of Health for February.—Phrenological Journal for February.—Proceedings of the American Pharmaceutical Association for 1866.—Third Annual Report of the Trustees of the City Hospital, Boston.—Thirtieth Annual Report of the Officers of the Vermont Asylum for the Insane.—Annual Report of the Trustees and Superintendent of the Wisconsin State Hospital for the Insane for 1866.—Eleventh Annual Report of the Births, Marriages and Deaths in the City of Providence, for 1865.—Medical Communications and Proceedings of the Connecticut State Medical Society for 1866.—La Maladie dans le Plan de la Creation. Par le Docteur B. E. Cotting. Traduit par Gaston Garnier, Paris.—Œsophagotomy for the Removal of Foreign Bodies. By David W. Cheever, M.D.—Reports of the Directors and Superintendent of the Washingtonian Home, Boston, for 1866.

**COMMUNICATIONS RECEIVED.**—Otitis Externa; by Henry L. Shaw, M.D.—Report of the Operations performed in the Ophthalmic Department of the City Hospital, Boston, during the year ending December 31st, 1866; by Henry W. Williams, M.D.—Case of Facial Paralysis; by John H. Gilman, M.D., Lowell.—A communication on the Eustachian Tube; by Ephraim Cutter, M.D.

**MARRIED.**—At San Francisco, Cal., 14th ult., George H. Powers, M.D., to Miss Helen W. Hunt, both of San Francisco.

**DIED.**—At Ancram, Columbia Co., N. Y., Jan. 31st, Dr. C. Niver, aged 52 years.

**DEATHS IN BOSTON** for the week ending Saturday noon, Feb. 10th, 88. Males, 45—Females, 43. Accident, 2—anaemia, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 5—bronchitis, 3—consumption, 16—convulsions, 2—croup, 3—cystitis, 1—debility, 1—diabetes, 1—diphtheria, 2—dropsy of the brain, 2—scarlet fever, 4—disease of the heart, 2—hernia, 1—disease of the kidneys, 2—congestion of the lungs, 2—inflammation of the lungs, 8—marasmus, 1—measles, 2—old age, 3—peritonitis, 1—premature birth, 1—puerperal disease, 4—scalded, 1—smallpox, 8—syphilis, 1—teething, 1—unknown, 3—whooping cough, 1.

Under 5 years of age, 34—between 5 and 20 years, 12—between 20 and 40 years, 20—between 40 and 60 years, 8—above 60 years, 14. Born in the United States, 60—Ireland, 20—other places, 8.

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**MASSACHUSETTS MEDICAL SOCIETY.**—The 54th Part of *Healthwatch*. Prospectus was mailed from this office on Saturday, February 2d, to all the Fellows residing out of the City proper whose names are known to the Treasurer as having paid their assessments. Fellows who have not received the publications of the Society for the current year are requested to forward their vouchers, or receipts, to the Librarian, addressed to this office, and the publications will be sent them by return mail. By order. Feb. 7.

**CEREBRO SPINAL MENINGITIS.**—The Boylston Prize Essay for 1866. By SAMUEL G. WEBSTER, M.D. Dr. Webster's Essay, which recently appeared in full in the pages of this Journal, having been struck off in a pamphlet form, copies may be had at this office, at 50 cents each. Orders by mail will receive prompt attention. Feb. 7.

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**D. R. W. H. PRINCE,** late Superintendent and Physician of the Northampton Lunatic Hospital, continues to give special attention to mental disorder, and will receive a limited number of cases for personal care and attention at his residence in Northampton.  
Dec. 16, 1863.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2034.] Thursday, Feb. 21, 1867. [Vol. LXXVI. No. 3.

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## HARVARD UNIVERSITY.

### Summer Session of the Medical Department.

THE annual course of summer instruction in the Medical Department of Harvard University will commence at the Massachusetts Medical College, in North Grove Street, Boston, on Monday, March 18, 1867, and continue until November.

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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 3.

CASES OF AMPUTATION OF THE CERVIX UTERI.

By WILLIAM WARREN GREENE, M.D., Professor of Surgery in Berkshire Medical College,  
and in the Medical School of Maine.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Mrs. S., of Sweden, Me., aged 35, the mother of three children, consulted me in the fall of 1855 with regard to pain through the pelvis, sometimes of a dull, often of a lancinating character. She had more or less sense of “dragging and weakness,” and quite an abundant leucorrhœal discharge, sometimes tinged with blood. Menstrual discharge profuse. Her appetite was impaired, digestion feeble; she slept badly, and of late had been losing flesh and strength. A vaginal examination revealed hypertrophy of the lips of the os uteri, which were hard, nodulated and covered, as was also the lower portion of the cervical canal, with warty vegetations, varying in size from a small shot to that of a bean. No ulceration, no tenderness. The upper portion of the cervix seemed to the touch healthy, as did the body of the organ as examined by finger and sound. I was in doubt whether I had here a case of genuine scirrhus, or of epithelioma. But believing that if it were the first, an operation would afford temporary relief and postpone the fatal termination, and if it were the latter a cure would in all probability be effected, while if left to itself it would run the course of malignant disease, I unhesitatingly advised amputation of the cervix. After a few days’ consideration she consented to the operation, which, with the assistance of the late Dr. Blake, of Bridgeton, and Mr. Barker, medical student, I performed in the following manner.

The patient, being etherized, was placed in the ordinary position for lithotomy. I then seized the diseased mass with a strong pair of Museux’s forceps, and gave them into the hands of an assistant, with directions to hold the organ firmly and steadily, and at the same time to make gentle traction downwards. I then carried the chain of the ecraseur around the cervix above the nodulated portion and tightened it. So small was the healthy surface that as the chain grew tense under the successive revolutions of the screw, the

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tissues above were dragged into its grasp to such an extent, that I feared if I persisted with this instrument I might open the peritoneal cavity. Therefore, after thoroughly compressing the parts without dividing, I removed the ecraseur, and dragging the mass down into view, made the section with a strong, curved, probed-pointed bistoury. This left a smooth stump, the hæmorrhage from which was but slight, and was readily controlled by Monsel's solution.

There was very little shock following the operation. Immediately after consciousness returned, she got half a grain of morphia, which, in smaller doses, was repeated *pro re natâ*. She was kept quietly in bed for ten days, and had a bland diet. The bowels were moved the fourth day after excision. On the eleventh day, she sat up for half an hour without discomfort. In three weeks the stump was smoothly healed, and in two months after, she came to my office, having gained in flesh and strength, and declaring herself entirely free from her "old troubles." Menstruation regular in time and quantity. Three years afterwards she was well. Since that time I have not heard from her.

CASE II.—In October, 1865, I was called by Dr. O. E. Brewster to see Mrs. —, of this place, aged 55. She had been ill for about nine months, and complained of a general failure of strength, a capricious appetite, an irritable stomach, constipated bowels, "strange sensations" in the head, palpitation, wakefulness, and had lost much flesh; was too weak to exercise, and much of the time kept her bed. She had been treated for eight months by homœopaths for "liver complaint" without avail, when she consulted Dr. Brewster. Under his management, the various functional derangements were readily controlled for the time being, but would recur without any apparent cause; and although he had put her upon a decided tonic course of treatment she did not respond to it.

Upon a careful interrogation of the different organs no evidence of organic disease was found, and by a rigid process of exclusion we were forced to believe that her sufferings were the result of uterine irritation *reflected* to the various organs whose functions were disturbed. But to such a suspicion the patient objected that she did not suffer and never had suffered any pelvic pain or distress of any kind, or leucorrhœa. But although an exceptional case, I had seen such before, and urged an examination, to which she consented. The cervix uteri was considerably elongated, the lips hypertrophied to quite three times their natural size, very hard to the touch, but smooth; everted very much, and their inner surfaces the seat of what is often described as "dry ulceration." No pain or tenderness on pressure. The body of the organ appeared healthy.

I suggested a thorough trial of iodine to the parts, although having but little faith in removing the disease by anything except a radical operation. Dr. Brewster used this remedy faithfully for several weeks, but without producing any appreciable change, either local or

general, and I advised excision, which was performed. The patient, previously etherized, being placed in the lithotomy position, I seized the mass with Muscux's forceps and dragged it into view, and while Dr. B. held it thus firmly, I, with a bistoury similar to the one used in the first case, divided the neck just below the reflection of the vaginal mucous membrane from its surface. The hæmorrhage was inconsiderable, and was readily checked by the persulphate of iron. There was no shock following the operation. From this time she began to convalesce. In three weeks she was able to walk about the house, slept and ate well. The stump was quite tardy in healing, but at the end of eight weeks was completely cicatrized, and she continues a strong, healthy woman to-day. Dr. Paddock examined the specimen under the microscope, and pronounced it epithelioma.

CASE III.—In the spring of 1862, I was called to see Mrs. —, aged 34, in consultation with Dr. Wheeler, of N. Becket. She had been a great sufferer for years from inflammation and ulceration of the cervix uteri, from which she had been for several months confined to her bed. There was also some endo-metritis, but the cervicitis was evidently the primary trouble. A vaginal examination revealed hypertrophy of the neck, both in its axis and diameter; the os dilated and the cervical canal so expanded as to readily admit the forefinger to the os internum. The parts were very tender to the touch. There was profuse leucorrhœal discharge, which was seen through the speculum to come both from the external and internal surfaces of the cervix (that from the internal being clear and very tenacious), both of which surfaces were in places ulcerated or abraded. She suffered more or less of pain and the various reflex phenomena which almost always present themselves in one form or another in such cases, but the symptom more prominent than all others was an intolerable, uncontrollable itching of the pudenda and inner and upper portion of the thighs. There was no eruption or any sign of disease of the skin whatever, but so severe was the irritation that she was unable to get any rest except by the aid of large doses of morphia, which she had become habituated to taking. Under the influence of thorough local depletion, iodine, glycero-tannin, &c., she was soon on her feet again. The ulceration healed, and the lips of the uterus diminished in thickness, but the elongation remained—two and a half inches—and the expanded condition of the cervical canal, from which a little tenacious mucus was always hanging. It admitted the finger, and fitted it like a glove. Still, also, in a greater or less degree, the itching persisted, varying very much at different times; under the application of leeches or a saturated glycerole of iodine almost entirely disappearing, to re-appear when the effect of the treatment had passed away, and to be aggravated by any cause which produced congestion of the organ.

Thus the case went on until January, 1866. She was now in excellent condition, with the exception of this one symptom. Having

exhausted all resources at my command, both so far as treatment of the uterus was concerned and appliances to the external parts as well, and being convinced that the external irritation was purely a reflex matter, and that the interstitial changes in the cervix were such that any topical medication was powerless to restore it to its normal condition, I advised its removal, to which she readily assented. Accordingly, with the assistance of Dr. Smith, of this place, I amputated the organ, the operation being conducted in the same manner as in the preceding ones, except that here I used the *écraseur*, which divided the tissues, leaving a beautiful, smooth stump, with no hæmorrhage. She was kept in bed for ten days, on a light diet. But very little anodyne was required. The bowels were moved on the fifth day. In three weeks the stump was entirely healed; *no itching* since the operation, and she is to-day in excellent health, and menstruates regularly.

The above is the sum-total of my own experience in this operation—one which I believe to be of great value in *properly selected* cases. Of course, these are comparatively rare. I was called a few weeks ago to see a lady who was almost moribund with “cauliflower excrescence.” The vagina was filled with the mass, but on carefully exploring the parts I was enabled to carry the finger by it and reach the cervix, from the lower portion of which this painful, bleeding mass sprouted. The upper portion seemed healthy, and I have no doubt if amputation had been practised two months before she would have been saved. She was, however, too much exhausted by pain and hæmorrhage to allow of any operative procedure, and she died in three days.

*Pittsfield, Mass., January 22d, 1867.*

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#### REPORT ON CHOLERA IN BOSTON AND VICINITY DURING THE YEAR 1866.

(Continued from page 37.)

WITH regard to the cases on Davis and Washington Streets, and Fellows Court, the Committee would state, that they all occurred in the immediate vicinity or directly in the midst of a large sunken area, which is nothing more nor less than a pestiferous quagmire, receiving into it a large part of the drainage of the surrounding vicinity and many of the tenements in its neighborhood, which are mostly occupied by the laboring and poorer classes. It would be hard to conceive of a combination of circumstances more unfavorable to the health of the residents in that vicinity. The fact that the greatest number of cases of cholera, in a given period of time, occurred in this locality, should receive not only the attention of medical men, but of the city authorities both of Boston and Roxbury. The Committee have reason to believe that a considerable number of

cases occurred in the immediate vicinity of this locality which presented marked choleraic symptoms, but recovered, and have not been reported to them.

The Committee have not thought it their duty to enter upon the discussion of the various disputed questions connected with the subject submitted to their consideration, but have limited themselves to an examination of the cases reported, the results of which they have now laid before the Society. In order that the Society may have a more definite impression of the character of these cases than is given by the table which has been presented, they submit the following abstracts from reports of different gentlemen.

Reported by Dr. L. R. SHELDON.

Mrs. P. W. [No. 10 of the table, where it is erroneously printed as reported by Dr. Arnold], East Canton St., aged 43 years, and mother of eleven children. Was attacked with diarrhœa, some pain in the bowels and severe nausea, at about noon of September 2d, 1866. At about 9 o'clock, P.M., she considered herself better of the diarrhœa, and did not call for professional aid until 5, A.M., September 3d. I saw her a little before six o'clock, and remained with her about an hour.

Rice-water discharges had been frequent and profuse. A large amount of epithelium was seen floating in the vessel that was last used; did not examine it with the microscope. Cramps very severe in the left side; also in legs, but not so severe as they had been during the night previous; discharges at that time involuntary; surface very cold and dark, and much shrivelled. The patient's mind being very clear, I asked her if she had passed any urine, and she answered, no; but the attendants gave a different report, which was that she had been passing water all the time, and had passed nothing but water. I believe both parties were right, but that the "water" was from the bowels, not from the bladder. Pulse at wrist not perceptible at 6, A.M.; at 10, I thought I could detect a slight pulsation.

The treatment consisted of external heat, friction and stimulants; beef-tea and subcutaneous injections. Opiates had been given during the night before I saw her, but were immediately rejected by the stomach. The first subcutaneous injection was made upon the left side, near the region of the heart, where the cramps were at that time most complained of. The cramps subsided in about ten minutes after the injection of one fourth of a grain of sulphate of morphia. She continued very restless and thirsty until 10 o'clock. The cold, blue, shrivelled and cadaverous appearance continued also. She died at 11, A.M.

I could not produce any effect whatever by treatment, except that the cramps ceased a little earlier on account of the subcutaneous injection. The patient was plethoric, and had, in the absence of a servant, been at work over a hot range in the kitchen for two or

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three days prior to her attack. She had not been exposed to any other cases of cholera or diarrhoea, nor had she lived in any infected place. She had been an unusually healthy woman, and a person of active habits. I have known her about eight years, and have delivered her of three strong children during this period. She has never had any sickness during my professional acquaintance with her, except a mammary abscess.

I advised disinfecting some of the bedding and burning the rest, which was done. The room was aired and cleansed, and was immediately occupied. No other cases occurred in the house, although the family was large and had all been in the room during the latter part of her sickness. No case followed exposure to the dead body.

Miss P. [Case No. 13 of the Table], aged 28 years. Residence in a very healthy part of Brookline. She came to visit her brother in Boston, who resides in Chester Park, and was taken with vomiting of a colorless fluid on the 5th day of September, the second day after her arrival in the city.

I saw her on the morning of the 6th, and found her quite comfortable, with the exception of weakness and occasional vomiting. Her general appearance was such as to create some alarm; but she told me that she was subject to turns of vomiting and headache. There had been no preliminary diarrhoea. There was vomiting of rice-water material. On the 7th of September cramps in legs came on, but were not severe. Blueness and shrivelled appearance of the skin were scarcely to be observed at 8, A.M., on the 7th. The urine was suppressed; the surface slightly cool; pulse feeble; no apparent occasion for alarm at 9 o'clock, A.M. I saw her in the condition described at 9, A.M.; she was at this hour in a jocose state, and talked quite freely in that vein. At 11, A.M., I was sent for in haste, and, going immediately to her bedside, found her dead!

The treatment at first was heat to the extremities, sinapisms to the stomach, and the following powder:—*R.* Hydrarg. submur., gr. iv.; morphiae sulph., gr. i. *Ft. chart.* No. iv. One to be given with dry sugar, and repeated if the first was rejected by the stomach. She retained the first about two hours, when it was rejected, and another given. This course was followed during the night of the 6th, each powder being retained longer than the preceding one; yet no color made its appearance in the matter vomited. A remark that she thought she should feel better if she should have a movement of the bowels, led me to examine the condition of the abdomen, where I found no distension and no tenderness; there was no desire to go to stool. I did not give a cathartic as she desired, but advised stimulants freely. This was at 9, A.M. She died at 11, A.M.

As soon as she was dead, a very large quantity of the rice-water discharge passed from the bowels—enough to completely saturate her bed. A large amount of epithelium was found in this discharge, as was shown by examination by the microscope.

I could not learn that Miss P. had been exposed to any other cases of cholera or to cases of diarrhoea, or had been guilty of any personal indiscretions. She had not lived in or visited places known to be infected.

Every precaution was taken to destroy and to disinfect clothing and bedding, and to purify the room. No other sickness of a severe form followed in this house.

Another case which, perhaps, should be classed as cholera, which fairly represents a considerable number which I have not given in detail, is as follows:—

Mr. C. W. C., aged 76 years. On September 5th came directly from State St., and arrived at his house near Chester Park at 2, P.M., feeling, as he says, perfectly well for some ten minutes after he had reached the house. He then had a sudden call to the water-closet, where he had a profuse discharge from the bowels; he felt very weak, but got to his bed, which was on the same floor. He very soon vomited a large amount of colorless material; prostration extreme. I was at this time called up to see him. I gave him at once two ounces of old French brandy, with two teaspoonfuls of the tincture of ginger.

Being obliged to leave him for half an hour, when I returned I found that he had vomited again, and had had severe cramps in the extremities. The surface was cold, shrivelled, very livid; discharges involuntary and colorless, but having a slight fæcal odor. Another large portion of brandy and ginger was given immediately, and was retained by the stomach. External heat and frictions were used thoroughly. Reaction took place in about one hour.

I give this one case as typical of many that I saw at about the same time.

I ought here to state that every patient whom I saw that was attacked violently and took large doses of brandy or whiskey early, reacted sooner and invariably recovered. One patient was having very severe cramps, vomiting and purging, who at the same time was thoroughly intoxicated. In these cases subcutaneous injections of morphia generally relieved the cramps, and reaction took place in a few hours.

Reported by Dr. ARNOLD.

September 2d. Mrs. Brady [Case No. 9 of the Table], a married woman, aged about 40 years, residing on Davis St., Roxbury. She had been in usually good health. In the morning was attacked with slight diarrhoea, which at 1 o'clock had become more violent, and was attended with cramps and vomiting. For two hours or more previous to my arrival—4½ o'clock, P.M.—the cramps were represented as having been exceedingly violent, vomiting almost constant, the discharges being profuse and “like water full of floating specks.” At the time of my arrival and afterwards, there was very little of either cramps, vomiting or purging. She had a peculiarly anx-



ious expression, with sunken eyes, voice husky and sepulchral, no pulse, and a cold, clammy skin. The body, even at the pit of the stomach and in the axilla, was far below its normal temperature. The skin was shrivelled, and the tissues beneath were so shrunken that it remained in folds whenever pinched up; thirst constant and insatiable; tongue and breath cold; the whole aspect of a peculiar dusky hue, as if *post-mortem* changes had already begun beneath the skin; the fluids of the body were very much diminished. Various restoratives were administered, with only the slightest, if any effect.

This case occurred in the middle one of a block of five houses, situated upon native soil, to each of which the exposures were the same. No evidence can be obtained of the disease having been brought to the patient, or her having contracted it from any apparent cause, direct or indirect.

Cases of the second group occurred in Fellows Court. These were distinct from the first group only in being independent of them as regards exposures. There was no intercourse or communication between them, nor was there any especial similarity of circumstances.

On Sept. 3d, was called in the evening to see Miss A. [Case No. 11 of the Table], a German woman of about middle age. Not being at home, Dr. Morse was called, and afterwards Dr. Sheldon. I learn similarity of symptoms to the first case above described existed, and the case terminated fatally before morning. She had that day been to South Boston, and had been as well as usual. I mention this case because of its intimate connection with one following. In the same house, on Sunday, Sept. 9th, I was called to see Mrs. Kolb, a sister of case preceding [Case No. 19 of the Table]. She had had profuse diarrhœa and some cramps. Algid appearance not well marked; breath, tongue and extremities cold; pulse rapid and feeble; great thirst and obstinate vomiting. Subsequently in the day the symptoms became aggravated, and were attended by great emaciation and prostration. The most powerful stimulants seemed to be of no avail. She rallied, however, and towards the close of the following day her symptoms became better. Being obliged to leave town for a day or two, the case passed from my hands. I learned, however, that reactionary fever set in, and she died.

In the treatment of these cases, stimulants, when tolerated, were wholly ineffectual. Astringents seemed to be of no use whatever. Opiates, to a certain degree, proved useful in subduing pains. In fact, of the various means tried, nothing seemed to be of especial benefit or to affect materially the progress of the disease. Five of the six cases proved fatal.

Reported by Dr. H. G. CLARK.

The undersigned reports one case of cholera, at No. 16 Bridge St. July 23d, 7, P.M. Mrs. W., 30 years old; Irish; mother of three children. Reported to have been sick for twenty-four hours; the

last twelve having had frequent watery discharges and vomiting; the last four hours cramps in the calves of the legs; no urine since last night. Now, vomiting and purging; cramps; loss of voice; pulse small, 130; skin dry, but cool, pinched and bluish; eyes sunken and bloodshot.

24th, at 8, A.M.—Vomiting and cramps ceased after midnight; has had two or three rice-water discharges; no urine; skin and pulse the same. 7, P.M.—No dejections or vomiting; five or six ounces of urine passed. Has slept half an hour, at several intervals, and expresses herself as better.

25th, 8, A.M.—More color; better pulse, 100, and has slept several hours; more urine. 9, A.M.—One small dejection, with some odor and color. Convalescing, with appetite, but feels very weak.

*Treatment.*—Hot rice-water, well peppered, and strong coffee, one ounce of each, alternating at intervals of two hours. Sulphuric acid, five drops in one ounce of water, every hour, with half an ounce of beef-tea. No other food or drinks permitted. Dry warmth to abdomen and legs.

*Locality, &c.*—Tide-water sometimes in cellar; chickens in the yard, which is small and dirty. A drain from a sink used by families up stairs discharging into it. House ill ventilated and overcrowded.

Reported by Dr. A. B. HALL.

September 11th, 1866. M. G. L., a girl aged 2 years. Resided in Carroll Place. This child had a slight diarrhœa in the morning early, and appeared a little depressed; slept an hour. At 11 o'clock vomiting, purging and cramps commenced. The discharges were clearly rice-water in character, and continued, with the vomiting and cramps, till 1 o'clock, when I saw her for the first time. She was then pulseless; extremities cold; surface blue; lips livid; half unconscious; eyes sunken; in fact, she was in the stage of collapse, and died in fifteen minutes afterwards, or two and a quarter hours from the time the vomiting and active symptoms commenced. The mother thinks she passed no urine during the morning hours.

A boy, 4 years old, living in the house adjoining, died four days before, with the same train of symptoms. He was sick three or four days. The mother of the girl was with him every day during his sickness, and the last day her daughter was present, and about his bed most of the time. The houses where the children died are at the lower end of the place or court. I did not see the boy during his sickness. His death was returned as cholera morbus.

November 4th, 1866. Antoine De Silva; Portuguese; aged 33; seaman; at No. 10 Cooper St. The patient was a stout, robust, muscular man, having been in Boston only eight or ten days. He came from the coast of Africa, where there was much sickness when he left. He was married, and the father of two children. At one

time he had chronic diarrhœa for ten months; was subject to relapses from time to time.

Nov. 3d.—A diarrhœa, with copious discharges, commenced; after standing a few moments in the vessel, the discharges became frothy. On Sunday, the 4th, he had rice-water discharges, vomiting and violent cramps. The vomiting and discharges were quite frequent, and the muscular contractions of the lower limbs very painful. When I saw him he was in a collapsed stage; pulse absent; extremities cold; skin bluish; great thirst; bladder empty; mind clear. Morphia (in small doses) and bismuth checked the vomiting, but not the dejections; stimulants failed to restore the pulse.

5th.—Condition of the patient the same, except the vomiting. The temperature of the room was elevated to 96–100°. With this increased heat of the atmosphere in the room and stimulants of hot brandy and water, with external use of mustard baths, the warmth of the body gradually returned, and the patient ultimately recovered. During three days he did not pass any urine.

This man was sick about ten days. He was pulseless most of the time for the three days during the time when there was no secretion of urine. At no time was there aphonia or delirium. The heated atmosphere of the room did much to restore warmth and equalize the circulation. This man had indulged in some irregularity in eating the night previous to his attack. He resided only a few rods from where the children died in Carroll Place.

Reported by Dr. J. L. WILLIAMS.

Having suffered from a disagreeable, though nearly painless diarrhœa (which I tried unsuccessfully to check by such moderate doses of tincture of opium as would not interfere with my avocations), accompanied by lassitude and great nervous depression for ten or twelve days previous, I was taken suddenly worse on the evening of the 25th of September. At first, sharp purging of fecal and watery matter, then sudden and violent vomiting, first of unaltered ingesta (a light supper of tea and dry toast), then of the characteristic rice-water fluid, which was expelled with much force, but without the slightest feeling of nausea, and without premonition. The first characteristic alvine discharge was very copious; afterwards (I think from the effect of the remedies used), though frequent (ten or twelve during the night), they were quite scanty. The cramps were not a prominent symptom, affecting principally the muscles of the calf, and slightly those of the abdominal walls. They were severe only at one time, and then for about three or four minutes. I suffered more from a sensation of burning heat and from extreme oppression at the præcordia than from any other symptom. Pulse at one time 44, thready. No secretion of urine until the afternoon of the following day. When attacked, I was in

my office, and was unable to get home; and when I became aware of the danger of my condition, as no one sleeps in, or remains in the building after six o'clock, I tried to call a policeman to get me a coach, but was unable to, from complete aphonia, although I retained sufficient strength to reach the water-closet in the same room.

As to the treatment. When I became thoroughly alarmed, knowing that I was alone in this large building (Commercial Block), and remote from assistance, being convinced of the futility of trusting to small doses, I took at once tr. opii, f ʒ ij.; ætheris, f ʒ i.; tr. capsici, gtt. l.; spt. vini Gallici, f ʒ ij.; aquæ, f ʒ iss. M. This was retained for about twenty minutes, and I think had a most salutary effect. I had to repeat half the above dose four times at varying intervals, and about three o'clock the cramps had entirely left me; the discharges ceased, and I slept until nine o'clock, from which time I began to recover, but for four weeks I was quite feeble.

With regard to exposure to any exciting cause I would say, that my office is in Commercial Block—a large granite building—very favorably located for sanitary influences (with two exceptions, stated below), fronting on the water, opposite the Eastern Packet Pier; circulation of air, excellent. Office up stairs, one story, and no dwelling houses in the vicinity. The light is as good as the ventilation, the sun shining in the greater part of the day.

The two exceptions above mentioned are:—1st. In hot weather, for about two hours at low water, the mud of the dock basin opposite being exposed, and one (and I am not certain but two) of the common sewers discharging therein, when the wind is from the east and light, the smell is peculiarly oppressive and sickening. The other exception is the fact that the water-closet, which is in the large apartment with which the office communicates, is used by the people on the lower floor, ship-chandlers, and they often send their customers and other strangers, chiefly seafaring men, up to use it; and it is consequently, at times, somewhat of an annoyance, and *might*, haply, become a focus of infection, if used by any one suffering from cholera.

Reported by Dr. B. E. COTTING, Roxbury.

Sept. 28. P., aged about 40 years; occupation, piano-forte-key maker; residence, Myrtle St., Roxbury; preliminary diarrhœa slight, principally on the afternoon previous to the attack in the night; discomfort in abdomen all that day. Rice-water discharges, in great quantity, from bowels; also vomited. Cramps, not very severe, in legs. Blueness and shrivelled skin quite marked. Urine suppressed forty-eight hours, or thereabouts. Pulse at times apparently gone, for hours scarcely perceptible.

*Treatment.*—Tinct. opii, heat to surface, especially the extremities; bed, good nursing.

*Result.*—Recovery; convalescence rapid; went into the country a week afterwards.

The patient had not been exposed by contact with other cases of cholera or diarrhœa, by personal indiscretions, by living in or visiting unhealthy or infected places. The patient had a good home, and lived well. I have not known any case to follow exposure to this one under my care.

In some cases I have known exposure to dead bodies and their effects *without* any ill results—for instance, I saw repeatedly many (a dozen or more) *kiss*, and otherwise handle the dead and their effects; have known soiled beds, &c., to be sent to public cleansers; and, in another case, even to be used uncleansed immediately (the same and subsequent nights) after the dead was removed therefrom, without any injurious consequences resulting from any of these exposures.

I have been informed that there was a great wake over the first of the “Davis St. cases,” Roxbury, and that all who afterwards succumbed (of those cases) had either been at the wake or were intimates of the family.

Reported by Dr. W. W. WELLINGTON, of Cambridgeport, Mass.

September 17, 1866. Mr. J. P., aged about 55; printer; residing on Brookline St., Cambridgeport. At 8, A.M., after a rather restless night, he began to have pain in the bowels, accompanied with diarrhœa. This was followed by vomiting. What was passed from the bowels, and what was vomited, was described as having the appearance of rice-water. Vomiting and purging continued through forenoon.

At 3, P.M., when first seen, he was in a state of collapse. Pulse was hardly perceptible; skin cold, shrivelled and blue; tongue cold; severe cramps in legs; no urine so far as known; voice reduced to a whisper; considerable thirst; mind clear; restlessness; dejections in bed and involuntary, the nature of which could not be made out, but probably of the “rice-water” character. Continued thus through the night, and died at 8, A.M., on the following morning.

*Treatment.*—Stimulants, in the form of brandy and wine whey, freely; external heat to body, especially extremities; sinapisms to epigastrium and legs. For the first few hours, thirty drops of the following, every half hour in water. *R.* Spts. lavendulæ comp., f ʒ ss.; tr. capsici, f ʒ i.; spts. camph., tr. opii deodoratæ, aa f ʒ ij. *M.* Afterwards, six minims of chloroform, dissolved in alcohol, mixed with water, were given every half hour. Broth, beef-tea, milk punch, were freely administered. Treatment had apparently no effect whatever, either good or bad.

This patient had no preliminary diarrhœa; had not been exposed in any way to other cases of cholera or diarrhœa: had committed no indiscretion in diet, or in anything else, so far as known;

lived in a healthy locality; premises were remarkably clean and neat; cellar, &c., had been whitewashed and cleansed in the spring in view of the possible coming of the cholera; drainage was good; in fact, after diligent examination and inquiry, no cause for the disease could be discovered.

After death, the premises were thoroughly cleansed; disinfectants were freely used; all clothing and bedding, which could not be washed and disinfected, were burned.

Mr. J. P. died on Monday. On Tuesday afternoon his wife was taken sick, and died the next morning. She was attended by a homœopathic physician (Dr. H. L. Chase), and from his report of the case there can be no doubt that she died of cholera.

There were three or four other persons living in the same house at the time; none of these had the disease, or anything resembling it.

On the 30th of July, 1866, on the same street, and a few rods from the house occupied by Mr. J. P., I was called to see a patient with symptoms similar to those just described. She was a woman aged 50; had been sick several hours with vomiting and diarrhœa; discharges copious, thin, and darker than rice-water. Found her greatly prostrated; pulseless; voice reduced to a whisper; face livid; extremities cold; with cramps in legs; but no vomiting or dejections after I saw her. No previous diarrhœa; locality healthy; had been exposed to no cases of cholera or diarrhœa. Under treatment, similar to that described in preceding case, she rallied, and was well in a few days. No other members of the family were affected with similar symptoms.

The reports which have been received, as appears by the above cases, show beyond question that the educated and uneducated, the wealthy and the poor, the old and the young, the prudent and the imprudent, the resident and the non-resident, furnished victims to this disease. They also show that locality does not afford complete protection from this pestilence; but that the majority of the cases that occurred during the year 1866 were in the most unhealthy localities, and that the mortality was the greatest soon after the excessively warm weather in the early part of September.

Out of the 37 cases reported there were 18 deaths, of which 2 were physicians, 6 married women, 2 unmarried, 1 child, a girl, 2 mechanics, 3 laborers, 2 seamen.

Respectfully submitted by the

Committee, { L. R. SHELDON, M.D.,  
HENRY G. CLARK, M.D.,  
S. L. ABBOT, M.D.,  
WILLIAM READ, M.D.,  
J. B. UPHAM, M.D.

## IMPOTENCY FROM DEVIATION OF THE SEMINAL DUCTS.

[Read before the Suffolk District Medical Society, January 26th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By W. F. MUNROE, M.D., of Boston.

A MAN, 28 years of age, of medium stature, naturally formed, and has always had good if not robust health. According to his own account, which I see no reason to doubt, has practised masturbation seven or eight times in as many years, and upon no one of these occasions has the orgasm been followed by an emission. During the past three or four years he has been waked at night, at intervals of two or three weeks, by erections followed by an orgasm and the consequent weary feeling, but by no emission. Being frightened by this, he sought a remedy in marriage some two months ago; since which time he has had sexual intercourse, with the usual phenomena, excepting the lack of emission. There is evidently no want of virile power, but from what I can learn I should judge that the orgasm is somewhat tardy. The conformation of the parts is normal, and the patient denies any past trouble with his urethra or bladder, or any old injury in the vicinity. I first requested him to press the urethra from the bulb to the meatus, shortly after connection, carefully indicating the *modus operandi*. As the only result was a drop or two of clear mucus, I requested him to watch the first water passed after connection and to save me a specimen. This he did, saying that theropy sediment, which the microscope showed to contain abundant normal spermatozoa, appeared to pass out with the urine during the whole period of micturition. Examination of the urine at other times showed nothing abnormal.

The two most obvious explanations were: a lack of force in the muscles aiding ejaculation, or a spasmodic stricture of the urethra, preventing the escape of the seminal fluid; but the fact that the semen passes from the urethra during the whole period of micturition, instead of with the first jet, makes the first improbable, while the ability to pass water immediately after an orgasm obliged me to give up the second. At the time of urinating there is no voluptuous sensation or any feeling in the region of the bulb which would lead me to suspect an emission at that time. Such an hypothesis would be contradicted by the evident virile power of the patient; whilst the invariable presence of semen in the first urine passed after an orgasm is so much positive evidence in favor of deviation.

Reasoning by exclusion, then, no other explanation remains but that of a congenital deviation of the seminal ducts, by which their contents are thrown backwards into the bladder instead of forwards. Lallemand is the only author I can find who refers to such a malformation, and he only in a very cursory manner. The only remedy likely to be of any benefit would be an operation by which the verumontanum, and with it the orifices of the seminal ducts, may be

drawn forward by a cicatrix produced by canterization of the lower part of that portion of the urethra immediately anterior to this region. Before I could decide whether an attempt to do this would be justifiable, I lost sight of the patient.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST DISTRICT MEDICAL SOCIETY. BY SAMUEL W. ABBOTT, M.D., SECRETARY.

THE Middlesex East District Medical Society met in Woburn, on the 16th of January, at the house of Dr. E. Cutter. Seventeen members present.

*Abscess of the Mediastinum involving the Pneumogastric Nerve.*—Dr. Winsor related the case. Patient, a boy, aged 17, at first attacked with a painful swelling on the upper lip, appearing like a small carbuncle. *Treatment.*—At first, opiates and soothing poultices. Liquid nourishment. An erysipelatous redness soon set in, and his strength rapidly failed. He had dyspnoea, but auscultation revealed nothing. A stimulating treatment was adopted. The patient died.

*Autopsy.*—The lungs were found engorged. An abscess had formed in the mediastinum, involving the left pneumogastric nerve; thus illustrating the fact mentioned in Virchow's Cellular Pathology (Chap. 14), that lesions of the pneumogastric nerve are followed by paralysis of the rima glottidis and hyperæmia of the lungs.

*Malformation of the Vagina.*—Dr. W. S. Brown related a case of malformation of the vagina, existing in a newly married woman, and preventing coition. The malformation consisted in a vertical septum. There was also enlargement of the uterus, a sound passing into it to the extent of three and a half inches. A portion of the septum was removed by the ecraseur, after which a speculum could be passed, revealing two ora uteri, and apparently a double uterus.

*Rupture of the Aorta.*—Dr. Harris related a case of rupture of the arch of the aorta. The patient was a man, 44 years old, accustomed to hard labor, and frequently working until eleven o'clock at night. He was first attacked with a convulsion, attended with severe prostration, cramps in abdomen and extremities, vomiting and involuntary discharges, livid countenance, cold extremities, as in cholera. There was no pulse at the wrist, and the heart's action was but just perceptible, about 40 per minute. Next morning he was better, but soon had another attack. Coldness of extremities continued three or four days. He then appeared to recover rapidly, and felt greatly encouraged. On the eve of Thanksgiving Day, he fell down suddenly and died, apparently after getting out of bed to quiet his child. This happened one week after the first attack.

*Autopsy.*—Serum and blood were found in the chest in considerable quantity. There was a large clot of blood in the left chest. Blood was also found in the pericardium, and a minute opening in the wall of the left ventricle. The arch of the aorta contained, on its concavity, a large rupture, filled up by a dense clot of blood.

*Polypus Uteri.*—Dr. Harlow read a paper on polypus of the uterus,



illustrated by three cases, in each of which the tumor was removed, with complete recovery of health. One of them was presented for examination to the Society. The latter of these cases had been attended by clairvoyants and others for three years, and was by them diagnosticated as "liver complaint," "change of life," &c., and treated as such.

*Peculiar formation of the Epiglottis in Swine.*—Dr. Cutter called the attention of the Society to the peculiar double formation of the epiglottis in swine, and exhibited photographic views of the same. Dr. C. also showed an apparatus for inhalation of anæsthetics, by which, he stated, anæsthesia could be produced with greater rapidity than by the ordinary mode, and with a much less amount of ether. The instrument consists in a funnel-shaped metallic tube, adapted to a bottle or other vessel containing ether. This tube is fluted, or otherwise arranged for admission of air, and provided with a valvular mouth-piece.

*Cancer of Breast.*—Dr. W. S. Brown read a paper, giving an account of a case of cancer of the left mammary gland. The points of interest in the case were, the employment of acupuncture needles in place of ligatures, and the use of iron-wire sutures. Twenty-three of these were used, and the greater part of the wound united by *first intention*. No adhesive plaster was used, and no dressing except a single fold of cloth to prevent soiling the clothes.

Dr. Cutter related a similar case of cancer of the left breast, in which ligatures, silk sutures and adhesive plaster were used, and followed, like the former, by good recovery.

*Arsenic Poisoning by green Sewing Silk.*—Dr. Harlow related a case of arsenical poisoning by the use of green sewing silk.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 21, 1867.

### VIVISECTION: WHAT IT IS, AND WHAT IT HAS ACCOMPLISHED.

SUCH is the title of a paper read before the New York Academy of Medicine on the 13th of December last, by Dr. Dalton, whose physiological experiments have recently been the subject of such severe comment by the members of the Society for the Prevention of Cruelty to Animals, in New York. In a former article, we called the attention of our readers to this subject, and published Dr. Dalton's reply to the strictures of Mr. Bergh, the President of the Society. We trust we shall not be regarded as wanting in feeling for the sufferings of the brute creation, when we say that we think Dr. Dalton has made good his case against his humane but mistaken assailant. Nothing is more repugnant to our own nature than unnecessary suffering inflicted upon the poor creatures which are dependent so much upon man for their comfort and happiness; and, as we have said before, nothing but the most conscientious desire to clear up the many obscure questions which make many diseases and their treatment in man so dark, can justify the experiments upon living animals by physiologists.

Dr. Dalton takes up his subject in a calm, dispassionate manner, barely allud-

ing to the attack which has been made upon him, and proceeds at once to the discussion of the three objections which have been made against vivisection—that it is cruel ; that it is liable to uncertainty and deception ; and that it has not led to any valuable results.

He meets at once the charge of cruelty by the aim and motive of such experiments, the ultimate relief of human suffering ; and fairly retorts upon those who charge upon physiologists a special recklessness and disregard of animal life, by the simple statement that more than half a million of cattle are sacrificed annually in South America to supply the United States with boots and shoes alone. Contrasted with this wholesale slaughter, as Dr. Dalton says, “ it does not seem a very reckless or extravagant thing to sacrifice a comparatively small number of dogs and rabbits for the acquisition of knowledge which is to benefit the human race.” He admits that much unnecessary cruelty has been practised in experiments on animals, and cites instances which have fallen under his own observation ; but urges, with good reason, that it is the object of physiologists, as far as possible, to prevent unnecessary pain in the subjects of their experiments, as calculated to frustrate the design with which they are undertaken. The use of anæsthetics, at the present day, disarms these experiments of the largest part of the pain which formerly was inevitably associated with them. With regard to experiments on the nervous system, which do not from their very nature admit of the use of anæsthetics, Dr. Dalton shows that the amount and frequency of unavoidable suffering thus caused are really very much less than has been charged against them. Our limits do not permit us to more than touch on the principal points in Dr. Dalton's argument, and we must therefore dismiss this topic with this simple statement, hoping that our readers will have recourse to the original essay.

With regard to the objection that the vital functions are so disturbed by vivisections that they exhibit unnatural appearances and thus lead to erroneous conclusions, Dr. Dalton says :—

“ This objection, however, is one which certainly would never be made by a practical experimenter, for the reason that the difficulty to which it refers is always present to his mind, and one against which he guards by unremitting precautions. This is the very first and simplest lesson which is learned by the experimental physiologist. We might as well object to the researches of the astronomer that the refractive power of the atmosphere distorts the rays of light passing to his telescope, and thus vitiates his observations. The astronomer is perfectly familiar with this refractive power of the atmosphere. He knows the mode of its operation, and makes due allowance for it in his calculations. So the physiological experimenter, in prosecuting his observations on the living body, sees at once that the external agents which he employs in his operations, themselves exert a certain amount of influence in producing the result. It is always his object, in arranging an experiment, to reduce these disturbing influences to the smallest possible compass. It is frequently necessary to vary the method of procedure for the same experiment, in order to determine how much, if any, of the final result is attributable to the principal conditions, and how much to the accessory manipulations. Abundant instances of this are to be found in the history of investigation upon almost every physiological question ; and he would be a bungling experimenter indeed who should leave out of consideration the physical conditions which he had himself employed in operating upon the living body.”

Dr. Dalton discusses the difficulties which embarrass such methods of investigation, and shows in detail how they are to be avoided, but at such length that we cannot follow him here, and concludes by the confident assertion that “ it is not too much to say that *every important discovery in physiology has been directly due to*

*experiments on living animals*; and that we owe many of those in practical medicine, surgery and hygiene, either directly or indirectly to the same source." In proof of this he gives a sketch of the history of the discovery of the circulation of the blood, of the nature and mechanism of respiration, of the properties and functions of the nervous system, of the operation of transfusion, of artificial respiration, of the origin and pathology of parasitic diseases, of the best treatment for serpent-bites and other venomous wounds, of the office of the periosteum in the regeneration of bone, of the Hunterian operation for aneurism, and of the operation for the relief of facial neuralgia. These are cited as prominent examples illustrating his position. Many others must occur to every thoughtful physician. Among those most recent we may cite Villemin's experiments of the inoculation of animals with tubercle, which already have done more than has been accomplished heretofore in the history of medicine to settle the disputed question of the communicability of consumption; and the injection of the air passages of dogs with the discharges of cholera patients, by which choleraic symptoms have been produced. Besides these, the experiments by which animals have been subjected to hygienic influences which have produced tuberculosis in them; the light which has been thrown upon the operation of many medicinal agents by experiments upon the same class of subjects, and many others will suggest themselves at once to our readers.

We cannot bring these remarks to a close in a more fitting manner than by quoting the following passage from Dr. Dalton. We cannot help hoping and believing that his cool and logical reasoning may have the effect of disarming his opponents and frustrating their plans of State legislation, by which they hope to interrupt by legal enactments the prosecution of his physiological researches.

"In conclusion, there is one point to which I would allude, which seems to me of decisive importance. It is sometimes asserted by those who oppose physiological experiment, that there are other sources of information more legitimate and allowable, and that the chief of these is the observation of the phenomena of disease met with in the treatment of the sick. But do those who take this ground appreciate what they really inculcate when they recommend that we should rely upon this source of knowledge, and neglect experimentation? Do they overlook the fact that such a course is simply *waiting for accidental experiments* to help us in our inquiries? What was the case of Alexis St. Martin but an experiment, accidentally arranged, by a gun-shot wound? When we are called to see a case of disease, we do not wish to manipulate and experiment with it; we wish to cure it. In order to cure it, we must know its pathology, and understand it beforehand. And if we do not so understand it, then our observations and manipulations in that case are experiments on the living man, and cannot be regarded as anything else. Take the case of the facial nerve and the fifth pair. Sir Charles Bell himself says that, previous to his time, as the result of operations on the face for tic douloureux, 'after fifty years of experience, we remained ignorant of the distinction in these nerves.' [The facial nerve, the nerve of motion of the face, had been constantly divided by surgeons for this purpose, until he demonstrated by experiments on animals, that the seat of sensibility in the face was the fifth pair.]

"It is true that, in many instances, our observations in disease, and our attempts for its cure, must necessarily be of the nature of experiments upon man. But when experiments upon animals have led the way, and have cleared up, in advance, some of the important points in physiology or pathology, they can only be regarded as fortunate and precious aids in our study of disease. The assistance which this method of investigation may be to us in the future can be judged of by what it has done in the past; for the science of medicine is one which is constantly advancing, as each generation receives the benefits and feels the impulse communicated by its predecessor."

*Death of Dr. Henry Bryant.*—We are pained to hear of the death of Dr. Henry Bryant, of this city, which took place at Porto Rico on the 1st inst. Dr. Bryant was passing the winter in the West Indies in the pursuit of health and in the collection of objects of Natural History. He was an enthusiastic ornithologist, and to his liberality the Boston Society of Natural History is indebted for the recent donation of the magnificent La Fresnaye collection of birds. No particulars concerning his death have been as yet received. On a future occasion we shall give a fuller notice of our deceased friend.

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*Importance of Ventilation to Consumptives.*—Before I leave this subject I would draw attention to the physiological fact that the lungs are made to breathe cold as well as warm air—indeed, air of any temperature from zero to 100 degrees Fahr., just as the face is made to bear exposure to the external atmosphere. How could the lungs be protected?—if they required protection, which they do not. Domestic animals that live out in the open air winter and summer are freer from colds than those that live in warm stables; and men who are much exposed, and constantly breathe air at low temperature, are less liable to colds and influenza than those who live constantly in warm rooms. All who have horses are aware that to keep a stable warm is the surest way for the inmates to suffer from constant colds.

I may mention two facts that aptly illustrate the evils of defective ventilation. Some years ago I was riding in the Highlands of Scotland with a local proprietor, when we came upon a village of well-built stone houses with slated roofs, which strongly contrasted with the miserable shanties or hovels generally met with. On my complimenting him on his rebuilt village, he told me that he had acted for the best in erecting these good weather-proof houses for his tenants, but that, singular to relate, they had proved more unhealthy than the miserable dwellings which their occupants previously inhabited. Fever and other diseases had proved rife among the latter. On examination, I found that the windows were fastened, and never opened; and I have no doubt that their comparative unhealthiness was in reality owing to their being quite weather-tight, and consequently unventilated. In the miserable hovels they previously inhabited, if the rain of heaven came in, so did the pure air.

The other fact is narrated by Prof. Hind in a recent interesting work on Labrador. Consumption appears to be all but unknown to the natives living wild in the fastnesses of this desolate region, in tents made of spruce branches imperfectly lined with skins, and more or less exposed on all sides to the external air; although they are exposed to famine and every species of hardship. But when these same natives come down to the St. Lawrence to take a part in the fisheries, occupy well-built houses, and, being well paid, live in comparative luxury, most of them in the course of a year or two become consumptive and die miserably. I am fully impressed with the idea that the development of the disease under these circumstances is the result of their living in close houses in a vitiated atmosphere, as it no doubt is in our own towns.—*Cincinnati Journal of Medicine*, from Dr. J. H. BENNETT on the Treatment of Consumption.

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*Medical Autobiography.*—The *Medical Record* publishes the following excellent hit at the practice of publishing biographical sketches of living physicians:—

So much attention is now given to medical biographical writing, and so much care is taken to note down the different salient points of character, habits, &c., of the unfortunate victims, that some insight into the manner in which the very interesting facts are obtained by the author, is deserving attention. We are aware that printed circular-questions are sent to different distinguished individuals to "fill up and return to the author." We have not seen any such, but judging from the points which are brought out in those lives of medical men which we have read, the questions must run very much after the following fashion:—

**Appointment of House-officers to the Boston City Hospital.**—The following gentlemen have been appointed as house-officers in the Boston City Hospital for the year commencing April 1, 1867:—*House-physicians*—Mr. R. H. Fitz, Mr. W. E. Boardman. *House-surgeons*—Mr. George Gay, Mr. R. L. Wilder, Mr. L. D. Gunter. *Assistant in Ophthalmic Department*—Dr. M. F. Gavin. The house-physicians and surgeons are residents of the Hospital, and they are required not to graduate during their term of service. The ophthalmic assistant is a non-resident, and may be a graduate in medicine. The positions are bestowed upon the successful candidates in a strict competitive examination.

**Medical Education in Great Britain.**—According to a recent enactment in Great Britain, no medical student can be admitted to medical lectures until after a successful examination in the higher branches of an English education, with mathematics and Latin; nor can he be examined for his final degree until after attendance upon four winter sessions of lectures, or three winter and two summer sessions, including in each session all the branches of medicine, with physics, botany and general history.—*Medical Record*.

**Flannel Belts in the French Army.**—The Secretary at War has just issued orders for such belts to be supplied to the whole of the French army. They are to be worn on the skin, and are expected to protect and keep warm the abdominal and lumbar regions.—*London Lancet*.

THE fossil skeleton of a whale, perfectly entire, and measuring 150 feet in length, has been found at Hokitika, New Zealand.

PARIS alone sends 18,000 children to nurse in the country.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 23d, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	53	40	93
Ave. mortality of corresponding weeks for ten years, 1856—1866	43.8	39.0	82.8
Average corrected to increased population	00	00	91.22
Death of persons above 90	0	0	0

**COMMUNICATIONS RECEIVED.**—Supra-renal Melasma, or Addison's Disease. By J. N. Borland, M.D.

**BOOKS RECEIVED.**—Injuries of the Spine, with an analysis of nearly four hundred cases. By John Ashurst, Jr., M.D. Philadelphia: J. B. Lippincott & Co.—Angular Curvature of the Spine. By Benjamin Lee, M.D. Philadelphia: J. B. Lippincott & Co.

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Feb. 21

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2036.] Thursday, March 7, 1867. [Vol. LXXVI. No. 5.

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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXXVI.

THURSDAY, MARCH 7, 1867.

No. 5.

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INFLUENCE OF MARRIAGE ON LONGEVITY.

MESSRS. EDITORS,—The accompanying paper on the influence of marriage on longevity was sent to the American Statistical Association by Dr. Stark, one of its corresponding members, and the accomplished and learned Chief of the General Registry Office of Scotland. After being read and warmly approved by the Association, at its last meeting, it was voted that it should be sent to your JOURNAL for publication.

The doctrines are new here and to the world abroad. But if the reports of marriages and mortality in Massachusetts and in other States could be submitted to the same analysis, without doubt they would show that the chances of life are improved for women and very much improved for men, here as well as in Scotland.

Truly yours,

EDWARD JARVIS.

*Dorchester, February 11, 1867.*

---

INFLUENCE OF MARRIAGE ON THE DEATH-RATE OF MEN AND  
WOMEN AT DIFFERENT AGES, IN SCOTLAND.

By JAMES STARK, M.D., F.R.S.E.

It is now a proved fact that, in Scotland, males at all periods of life above 15 years of age are cut off in higher proportions than females. In fact, a nine years' average shows that, at all ages, excepting from 10 to 16 years, when the female death-rate very slightly preponderates, males in Scotland die in a higher proportion than females.

Table I. shows these facts; and the results may be thoroughly depended upon, as they are founded on a nine years' registration of the deaths—no death in Scotland escaping registration, and the people being extremely particular to register the exact age at death.

Taking that table as a whole, and comparing the deaths at each period of life in the sexes, it will be seen that the additional dangers to which females are liable during child-bearing do not cause their death-rate to rise so high as that of the males, who are exempt from all such dangers.

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But a far more important inquiry, and one which has not hitherto been investigated, in consequence of the difficulty of procuring exact facts which could be depended on, is, What is the effect of marriage on male and female life? Is its influence, in so far as the death-rate is concerned, for good or for evil? Is its influence limited to the female, or has it also a marked influence on the duration of life in the male?

TABLE I.—*Mean annual Percentage of Deaths to the Population at different ages in Scotland during the years 1855 to 1863 inclusive.*

AGES.	PERCENTAGE OF DEATHS TO POPULATION AT EACH AGE.	
	Males.	Females.
Under 5	6.238	5.686
5—10	0.924	0.892
10—15	0.501	0.513
15—20	0.731	0.662
20—30	1.006	0.817
30—40	1.077	1.021
40—50	1.388	1.186
50—60	2.099	1.771
60—70	3.933	3.308
70—80	9.410	8.266
80—90	20.011	18.075
90—100	37.700	36.325
100 and above	39.652	41.979
All ages	2.216	2.023

So far as I know, no attempt has been made by any statist to trace the effects of marriage on the sexes. Even Quetelet, in his masterly treatise on Man, has not hinted that marriage has any influence on human mortality.

In a paper "On the Sanitary State of Edinburgh," which I published in 1847, both separately as a pamphlet, and in the *Edinburgh Medical and Surgical Journal*, I mentioned a fact which I had ascertained regarding this subject. From the mortality returns which at that time I procured, it appeared that the mean age at death of the married was 57.54 years, while that of the unmarried, above 22 years of age, was only 42.18 years. That result seemed so extraordinary that I was led to doubt the accuracy of the returns of the ages; but from that day to the present I have had no opportunity of following out the investigation.

In an inquiry like the present everything depends on the correctness of the returns from which the tables are drawn up; for if these returns were imperfect, either from not including the whole deaths, or from not specifying the ages and conditions, no trust could be reposed in the tables prepared from them. It is equally necessary, in an inquiry like this, that the census of the population should have been so accurately taken, as that the exact number of married and unmarried men and women, at every age of life, should be accurately ascertained. On all these points the Scottish statistics may be depended on, inasmuch as it is believed that almost no death escapes registration; and the Scotch are so particular in recording the exact age and condition of their departed relatives that every confidence may be placed

in the accuracy of the registers. As to the census, that of 1861, on which the tables are founded, was prepared under my own eye, and wherever defective entries had been made, the registers were returned to the enumerators in order that the errors might be corrected, or the parties themselves were communicated with, in order that the abstracts might be as perfect and trustworthy as possible.

As it is necessary to inquire into the influence of marriage on the sexes separately, we shall begin with its influence on males.

**I.—Death-rate of Married and Unmarried Men.**

Table II. is drawn up with the view of showing the influence of marriage on the male sex in Scotland; and it may be stated once for all that all the widowed are necessarily included among the married, and the ages are grouped into quinquennial periods, for the sake of easy reference and more accurate comparison.

TABLE II.—*Married and Unmarried Men at each quinquennial period of Life in Scotland in 1863; the Deaths at the same Ages; and the Percentage of Deaths to the Living at each Age. (Year 1863.)*

AGES.	HUSBANDS AND WIDOWERS.			BACHELORS (unmarried).		
	Number Living.	Deaths.	Percentage.	Number Living.	Deaths.	Percentage.
20 & under 25	22,946	137	0.597	106,587	1251	1.174
25—30	54,221	469	0.865	48,618	666	1.369
30—35	66,163	690	0.907	28,962	388	1.475
35—40	63,858	690	1.080	15,867	253	1.593
40—45	62,543	782	1.248	12,311	208	1.689
45—50	54,605	862	1.594	8,824	179	2.028
50—55	49,691	880	1.774	7,636	205	2.684
55—60	38,006	929	2.444	5,560	142	2.558
60—65	35,920	1216	3.385	5,242	227	4.350
65—70	22,021	1134	5.149	2,848	186	5.477
70—75	16,029	1291	8.065	2,021	205	10.143
75—80	9,716	1135	11.681	1,081	157	14.542
80—85	5,477	953	17.400	513	101	19.678
85—90	1,708	488	28.571	151	32	21.192
90—95	449	137	30.512	50	21	42.000
95—100	103	40	38.835	6	3	50.000
100 and above	28	15	53.571	3	—	—
Not stated	—	4	—	—	5	—
All ages	503,376	11,769	2.338	243,259	4,194	1.723

Table II. is a very remarkable one, and the results quite startling as to the immense difference between the mortality of the married and the unmarried. By that table it appears that at every age from 20 to 85 the death-rate of the married men is much smaller than that of the unmarried. After the 85th year of life the numbers are too small to afford the means of accurate comparison, unless they had been extended over a series of years. Thus, reading the tables without the decimals, so as to make it more easily intelligible, of every hundred thousand unmarried men between the ages of 20 and 25 years, 1174 died during the year; but of a like number of married men only 597 died, or just one half the number. In other words, between the ages of 20 and 25 years the death-rate of bachelors was exactly double that of the married men!

As the age increases, this difference in the death-rates of the mar-

ried and unmarried decreases; but it decreases slowly and regularly, showing a marked difference in favor of the married man at every period of life. Thus, at the ages 25 to 30 years, when the number of married and unmarried men in Scotland is pretty nearly equal, of every hundred thousand bachelors 1369 died during the year; but in an equal number of married men only 865 died. At that period of life, also, the death-rate of the bachelor very greatly exceeded that of the married man.

Between the ages of 30 and 35, while in every hundred thousand bachelors 1475 died, only 907 died out of an equal number of married men.

We need not go in detail over every separate age; but between the ages of 40 and 45 years, while 1689 died during the year out of every hundred thousand bachelors, only 1248 died out of an equal number of married men. At the ages 60 to 65 years, while 4330 died out of every hundred thousand bachelors, only 3385 died out of a like number of married men. Even at the age 70 to 75 years, while 10,143 died during the year out of every hundred thousand bachelors, only 8055 died out of a like number of married men. Nay, even at the extreme age 80 to 85 years, while 19,688 died during the year out of every hundred thousand bachelors, only 17,400 died out of a like number of married men.

Here, then, we have the remarkable fact, for the first time proved by trustworthy statistics, that the influence of marriage on the male mortality is of the most potent kind; that, in fact, the bachelor life is much more destructive to the male sex than the most unwholesome of trades, or than a residence in a house or district where there is not the most distant attempt at sanitary arrangements of any kind.

This fact is rendered still more striking if we calculate the mean age at death of the married and the unmarried men. If we reckon the whole married and the whole unmarried in the above table, viz., from 20 years to the close of life, we find that the mean age at death of the married men was  $59\frac{7}{10}$  years; whereas the mean age at death of the bachelors was only 40 years! Reckoning from the 20th year of life, therefore, married men have a chance of living  $19\frac{1}{2}$  years longer than those who remain bachelors!

In the general population, however, about the 24th year of life the number of bachelors and married men is about equal. It will therefore afford a more unexceptionable average if we strike from the table all persons under 25 years, and calculate the mean age at death from the 25th year to the close of life. When this is done, it is found that at death the mean age of the married men was  $60\frac{2}{10}$  years, while the mean age of the bachelors was only  $47\frac{7}{10}$ ; giving  $12\frac{1}{2}$  years in favor of the married!

This is a remarkable fact; and apparently a special provision of nature to protect the father of a family, in order that he may provide for his offspring and superintend their rearing. It is quite true that

this special protection from death is based on fixed laws of nature, by which we see that the generally quiet and regular life of the married man secures him from falling a victim to diseases, to which the more irregular and often more dissipated life of the bachelor renders him prone. It is nevertheless a wise and special provision of nature, and as such merits notice.

But this new fact in statistics seems to explain some things which were formerly unintelligible. For instance, it has been found quite impossible to reduce the mortality of the army, even when in barracks, and not on active service of any kind, to the mortality of civil life—however perfect were the sanitary arrangements in the barracks, and however much attention were paid to the food, clothing, and exercise of the men. The above proved fact fully accounts for this. Sanitarians, in their ignorance of the powerful influence of marriage on the male mortality, were comparing the death-rate of the unmarried soldier with that of both married and unmarried in civil life. Whereas the mortality of the soldier ought to have been alone compared with the death-rate of bachelors in the civil population; and not even with that of the whole bachelors in the population, but with the mortality of bachelors living in towns, who we know die at a much higher rate than those living in the rural districts.

No one can look at the above table without seeing the immense saving of life which would result were all the bachelors above 20 years of age to marry. This would tell especially on the population of Scotland, where a much larger proportion of the marriageable males are bachelors than either in England or America.

To insurance companies, however, a table like the above ought to be invaluable, because it points out to them an unsuspected source of danger, whose influence for evil is as great as vicious habits or the existence of organic disease, or descent from a scrofulous or consumptive family.

The facts, however, which are elicited by this table are of even greater value to the statist, and to the inquirer into the sanitary condition of, or the death-rates affecting, persons engaged in different occupations and trades. This table of itself proves that almost all the conclusions hitherto published on this subject, and which were founded on the general mortality prevailing among men following different occupations, are erroneous; and that any deductions founded on a comparison of the whole number dying annually in any occupation, with the total number of persons following that occupation, are only a propagation of error. Let us exemplify what is meant by this statement.

In Table II. it was seen that at every several quinquennial age the death-rate of the married man was greatly below that of the bachelor. One would naturally expect, therefore, that a comparison of the total death-rates at all ages of the married and unmarried would show the same conclusion; in fact, one would naturally expect

that the summary of the death-rates of each class at all ages would be found to correspond with the death-rates at each age. The very reverse is the case. The summary of the table contradicts the results of every separate quinquennial period, and makes it appear that bachelors at all ages are only cut off at the rate of 1723 annually in every hundred thousand living; where the married men were cut off at the rate of 2338 deaths annually in every hundred thousand married men.

Every one can at once see that this is a false conclusion; because if at every several year of life bachelors die in much higher proportion than married men, it must be the same during the whole period of life. How, then, is the false result produced?

The anomaly is at once explained by looking either at the number living or dying at each age. Half of the whole number of bachelors in Scotland are between the ages of 20 and 26 years; and in consequence of this, the annual deaths, though very low to what they are at more advanced years, bulk so largely as compared with the deaths at all other ages, that when the whole deaths are thrown together the general mortality of the bachelors seems to be but little higher than it was at the earliest period of life from which we enumerated them, viz., 20 years. It is quite otherwise with the deaths among the married men. With them, instead of the greatest number of deaths, in any quinquennial period, being between 20 and 25 years of age, by far the greatest number of deaths occur at the three quinquennial periods from 60 to 75 years, at which period of life the mortality is high. Summing the columns, therefore, and comparing the total deaths at all ages with the total living in each class, necessarily leads us to a false conclusion. The comparison, to be correct, must be limited to that of the mortality at each several age.

It is, however, this very erroneous conclusion which pervades all the tables and papers which have been published as to the varying death-rates affecting persons following different occupations and trades, where the deductions have been based on the annual deaths in the total number of persons belonging to each occupation or trade. Such deductions not only give no correct information on the point which they profess to investigate, but they give false conclusions; and the truth is perhaps the very opposite of what it is supposed to be.

Let us take an example from a table published by one of the best statisticians of the present day, who is as renowned for his caution as for his ability in dealing with statistical inquiries, my friend Dr. William Farr, of London.

All males in England, 15 years of age and upwards, are cut off at the rate of 1816 deaths annually in every hundred thousand males at the same ages. If this gave an approximation to the mortality of the males above 15 years of age, we ought to find that persons who follow notoriously unhealthy trades should be cut off at a much higher

ratio; whereas persons who follow notoriously healthy out-of-door occupations ought to exhibit a very much lower mortality.

Dr. Farr, in the Supplement to the Registrar-General's Twenty-fifth Annual Report, published a table professing to give the first fruits of the official investigation as to the mortality of the trades and occupations in England, restricting that table (XXIV.) to sixteen selected occupations, and we are quite entitled to conclude that these occupations were selected for the purpose of showing the value of such an inquiry, and the light it threw on the death-rates of each trade or occupation. To what conclusions, then, do his published deductions lead?

It is quite notorious that one of the most unhealthy occupations in which man can engage is that of baker and confectioner. But by the table referred to, it would appear that, at all ages above 15 years, bakers and confectioners were only cut off at the rate of 1617 deaths annually; that is to say, at a much lower rate than the males of all England at the same ages.

It is equally notorious that men working in the copper, tin, and lead manufactories are cut off at a much more rapid rate than the general population; in fact, these trades are notoriously unhealthy. By the table referred to, however, that class of workers would appear to be extremely healthy, seeing that only 1220 deaths occurred annually in every hundred thousand following these occupations—a full third fewer deaths than in the general male population of all England at the same ages!

It is equally notorious that agricultural laborers, out-door workers, shepherds, &c., are the most healthy class of men in Great Britain; but by the table above referred to they are made to be more unhealthy than butchers, bakers, grocers, shopkeepers, miners, workers in copper, tin and lead, and blacksmiths: for, by that table, it appears that, at all ages above 15 years, 1736 die annually in every hundred thousand persons.

If from that table we turn to the extended tables themselves in which the deaths from each trade, profession and occupation are given, the same fallacious result appears when we compare the total annual deaths with the total number of persons following the pursuit. There is, for instance, not a more firmly established fact in vital statistics than this, that the clergy are the most healthy and long-lived of men. But by making the comparison as above indicated, they would appear to be the most unhealthy class of all, seeing that 1820 persons die annually out of every hundred thousand at all ages. Officers of the National Government, physicians, surgeons and druggists, all equally healthy professions, would by such comparisons appear to be equally unhealthy occupations as that of the clergy, for in every hundred thousand officers of the National Government 1818 died annually, while of physicians, &c., 1701 died annually.

By this false mode of comparison, therefore, clergymen, physicians,



and government officers, who have been proved to enjoy better health and to live to a much greater average age than the other professions, trades and occupations, are proved to have a higher death-rate than the most unhealthy trades.

All such deductions are false, as is satisfactorily proved by Table II. The mistake arises from comparing things which are not comparable. The comparison, if made with the population following the occupation or trade, must be made with the respective trades at each several age of life; or, better still, by finding out the average age at death, which can lead to no fallacy.

Dr. Farr must have felt himself staggered by the evidently unexpected and manifestly erroneous results brought out by comparing the total deaths with the total numbers following each profession. This is manifest from the fact that he offers no comments on the tables having reference to the comparison of the death-rates affecting the sixteen selected professions; and also from the fact that he gives an extra table arranging the deaths of these selected trades in their order of least mortality, taking the ages of 45 and 55 years! He gives no explanation why he selected that age to show such a fact, rather than the mortality at all ages.

The above facts, then, prove how careful we must be in deducing conclusions from statistics. Figures of facts, provided they are correctly drawn up, are necessarily truths; but they do not necessarily lead to true conclusions. On the other hand, as in the above-noted instances, they may lead to conclusions the very opposite of the truth. In fact, it is a much more difficult thing to arrive at a truth than most men imagine; and perhaps more difficult in vital statistics than in most other sciences.

## II.—*Death-rate of Married and Unmarried Women.*

The deaths of the married and unmarried women of Scotland at each quinquennial period of life were abstracted for two consecutive years, and the results are given in Tables III. and IV. In Table III. the actual number of the married and unmarried women living in Scotland at each quinquennial period of life at the middle of the year 1862 are given, the deaths during the same year, and the proportion of deaths to the living. For 1861, however, two columns are alone given, showing the proportion of deaths in the married and unmarried women during that year, for the sake of affording the means of easy comparison with the results of 1862. By that table it will be seen that, though the proportion of deaths among the married and unmarried women at each age differed slightly during each year, there is no difference whatever as to the results of the comparison between the death-rates of the married and unmarried at each age, for excepting at the extreme ages 80 to 85, and again 90 to 95, when the numbers are too small to give constant quantities, the results of both years are absolutely identical. This almost un-

expected result confirms the general correctness of the tables prepared for each year; and shows that the facts brought out by these tables may be depended on, as demonstrating what may be called the law of nature on the subject. Our remarks may, therefore, be limited to Table IV., which gives the mean result of the two years.

TABLE III.—*Number of the Living, and Deaths of the Married and Unmarried Females in Scotland, at different Ages, in 1862; and the Percentage of Deaths to the Population at each Age. Also the Proportions for 1861.*

AGES.	MARRIED AND WIDOWED WOMEN IN 1862.			Pr cent. of married deaths in 1861.	UNMARRIED WOMEN IN 1862.			Pr cent. of unmarried deaths in 1861.
	Number Living.	Deaths.	Percentage of Deaths.		Number Living.	Deaths.	Percentage of Deaths.	
15 & under 20	3,384	25	0.738	0.983	154,829	1075	0.694	0.691
20—25	39,924	364	0.912	0.910	114,180	896	0.783	0.783
25—30	71,649	683	0.953	0.928	61,044	566	0.829	0.903
30—35	77,508	764	0.985	0.927	34,954	367	1.049	0.941
35—40	71,962	806	1.120	1.116	24,368	300	1.231	1.181
40—45	69,660	806	1.171	1.116	19,890	225	1.142	1.109
45—50	68,934	785	1.332	1.270	14,669	222	1.507	1.455
50—55	54,479	828	1.516	1.449	13,973	269	1.926	1.576
55—60	41,462	886	2.136	1.989	10,216	244	2.389	2.077
60—65	42,390	1200	2.830	2.649	11,405	370	3.244	2.715
65—70	26,242	1242	4.732	4.269	6,875	350	5.090	4.489
70—75	20,337	1342	6.549	6.627	5,544	434	7.828	6.672
75—80	12,190	1424	11.681	10.448	3,250	359	11.114	9.741
80—85	7,490	1278	17.062	15.105	1,966	332	16.717	16.236
85—90	2,646	708	26.767	23.179	582	161	27.663	25.597
90—95	763	282	36.972	32.147	181	55	30.386	29.778
95—100	203	94	46.305	36.138	48	20	41.666	35.416
100 and above	34	17	50.000	50.000	23	8	33.042	28.087
Age not stated	—	11	—	—	—	3	—	—

TABLE IV.—*Mean annual Percentage of Deaths among the Married and Unmarried Women of Scotland, at different Ages, during the two Years of 1861 & 1862.*

AGES.	PERCENTAGE OF DEATHS.		AGES.	PERCENTAGE OF DEATHS.	
	Married and Widowed.	Unmarried Women.		Married and Widowed.	Unmarried Women.
15 & under 20	0.860	0.692	60 & under 65	2.739	2.979
20—25	0.911	0.783	65—70	4.500	4.789
25—30	0.940	0.866	70—75	6.598	7.250
30—35	0.956	0.995	75—80	11.064	10.427
35—40	1.118	1.206	80—85	16.083	16.476
40—45	1.143	1.125	85—90	24.908	26.630
45—50	1.301	1.481	90—95	34.559	35.082
50—55	1.482	1.761	95—100	41.221	38.541
55—60	2.062	2.233	100 and above	50.000	19.064

When the mean annual per centage of deaths in the married and unmarried women at each quinquennial period of life is compared, it is found that the married die in a higher ratio during the three quinquennial periods of life, 15—20, 20—25, and 25—30 years; but that during the next two quinquennial periods, viz. from 30—35 and from 35—40 years, during which half of the children are born, the married die at a lower rate than the unmarried.

At the age when the usual "change of life" occurs, viz. between 40 and 45 years of age, the mortality of the married woman slightly exceeds that of the unmarried;—a result which might have been expected, seeing that the fatigues of child-bearing, and nursing, and the

harder labor connected with the rearing of her family somewhat weakens the system, and renders that critical period of life more trying to the married than to the unmarried woman.

From 45 years to old age, that is to 75 years, the married women die in smaller proportion than the unmarried; but above that age the numbers are too small to afford any basis for conclusions, though by the tables the chances are still in favor of the married woman from 80 to 95 years of age.

It will be seen that at every quinquennial period of life the difference between the death-rates of the married and unmarried women is very much less than that between the married and unmarried men. It is thus demonstrated, for the first time, that marriage exerts a much more powerful influence on the male than it does on the female; for whereas the influence of marriage on the female death-rate is comparatively trifling, it is of the most marked and potent kind on that of the male. The common belief has always been the reverse of this. The common belief has always been that marriage, by adding to the female the additional dangers of child-bearing, would be found to increase her mortality; but it was never even once suspected that it would make any difference in the mortality of the male. These facts, however, whose correctness there is no denying, disprove all this, and prove that marriage exerts a much more powerful influence on the mortality of the male sex than all imagined sanitary improvements could ever hope to effect.

To return to our table. It was seen that at the three quinquennial periods 15—30 years, married women died at a somewhat higher rate than the unmarried. Thus from 15 to 20 years in every hundred thousand married women, 860 died annually; whereas in a like number of unmarried women only 692 died. From 20 to 25 years of age, of every hundred thousand married women, 911 died annually; whereas in a like number of unmarried women only 783 died. From 25 to 30 years of age, in every hundred thousand married women, 940 died; whereas in a like number of unmarried women at the same ages, only 866 died.

During the next two quinquennial periods of life, however, the married women died in a lower ratio than the unmarried. Thus from 30 to 35 years of age, in every hundred thousand married women, 956 died annually; but in a like number of unmarried women at the same age, 995 died annually. From 35 to 40 years of age, in every hundred thousand married women, 1118 died annually; but in a like number of unmarried women at the same ages, 1206 died.

As nearly half of the children who are brought into the world are produced by mothers 30 years of age and upwards, it is worth while to ascertain why it is that the mortality of the married under 30 years of age is higher than that of the unmarried under 30; while the death-rate of those bearing children above 30 years of age is less than that of the unmarried. The fact that the death-rate of the

married women from 30 to 40 years is lower than that of the unmarried, proves of itself that it is not mere child-bearing which increases the mortality of the married women under 30 years of age. Yet it must be connected with child-bearing, else the mortality would have remained as low as in the unmarried. For this cause we have not far to seek.

Every medical man knows that the risk to the mother is far greater at the birth of her first child than at any subsequent delivery; and it is extremely probable that the whole extra mortality of the married female under 30 years of age, may be caused by the greater dangers which attend the birth of her first child. Indeed this may be considered to be demonstrated by the following considerations and facts.

In the Second detailed Annual Report of the Registrar-General of Scotland, viz. for the year 1856, a table was given, showing the ages of all the women in Edinburgh and Glasgow who gave birth to children in 1855, and also the number of children to which each woman had given birth.

TABLE V.—*Number of Mothers in Edinburgh and Glasgow in 1855; the number of these who were confined with their first Child, and the proportion per cent. of Mothers who bore their first Child.*

<i>Ages of Mothers.</i>	<i>Total Number of Mothers.</i>	<i>Number of Mothers bearing their first Child.</i>	<i>Proportion of Mothers bearing their first Child to every 100 Mothers at each Age.</i>
15—20 years	403	364	87.8
20—25	3814	1921	50.3
25—30	6057	1019	20.1
30—35	3943	331	8.3
35—40	2396	124	5.1
40 and above	961	82	8.3

Table V. is prepared from that table, and it shows the proportion of mothers at each quinquennial period of life who bore their first child at these respective ages. That table at once demonstrates that the higher mortality of the married woman between the ages of 15 and 30 years, is solely due to the superadded dangers which attend the birth of the first child. Thus between 15 and 20 years of age, 87 per cent. of the mothers gave birth to their first child. From 20 to 25 years of age, 50 per cent. of all the mothers who were confined, gave birth to their first child; while from 25 to 30 years of age, 20 per cent. of the mothers gave birth to their first child. Above that age the proportion of women giving birth to their first child was quite trifling, gradually diminishing from 8 to 3 per cent.

It was only, then, at the ages when a very large proportion of the married women were giving birth to their first child, that the death-rate rose higher than that of the unmarried women. But the moment that age was attained when the great majority of the women had got over the birth of their first child, viz. 30 years, the mortality fell even below that of the unmarried women. This seems clearly to prove that it is bearing the first child which causes the higher mor-

talities of mothers between 15 and 30 years of age. In fact, the table seems to prove that after the birth of her first child, the married woman, even from 15 to 30 years of age has an equal chance of life with her unmarried sister, and after she has passed her 30th year, and during the whole of her remaining child-bearing period, has a better chance of life than the unmarried woman.

Seeing these things are so, there is nothing to prevent the higher mortality of the married woman under 30 years of age, being quite arrested. Medical men all know whence the dangers of the first birth arise. The causes are almost entirely removable. They are causes almost wholly due to our civilization and faulty habits, which produce an overexcitable, unduly stimulated, yet worn out frame, where health and vigor ought alone to exist.

*Edinburgh, August, 1866.*

### Bibliographical Notices.

*Eleventh Annual Report of the Trustees and Superintendent of the Northampton (Mass.) Lunatic Hospital.*

THE Trustees commend the plan of treatment pursued, the system of purchase and distribution of supplies, and the economical management of the affairs of the hospital during the past year; and although the current expenses, including some extraordinary outlay for necessary repairs and permanent improvements, have been met from the income of the institution, they suggest that it would be well to have some working capital, "a sum so large as to prevent the necessity of borrowing."

The Superintendent, Dr. Pliny Earle, reports the number of patients in the hospital Oct. 1, 1865, as 352—158 males and 194 females. Admitted during the year, from general population, 94—56 males and 38 females; from other State hospitals, 38—16 males and 22 females; from State Almshouse, Monson, 4—3 males and 1 female. Whole number under treatment, 488—233 males and 255 females. Number discharged, including deaths, 88—51 males and 32 females; number remaining Sept. 30, 1866, 405—182 males and 223 females.

Of those discharged, 24 were recovered—15 males and 9 females; 20 were improved—13 males and 7 females; 8 were unimproved—5 males and 3 females; and 31 died—18 males and 13 females.

Of the deaths, 13 were of private boarders, and the ages of four were 80, 81, 85, and 81 years respectively. Three deaths were from that fatal form of mental disorder and cerebral disease, typhomania, and occurred in *two, seven* and *ten* days, respectively, after their admission. The other deaths were caused, mostly, by phthisis and marasmus.

With regard to medical treatment, the Doctor says:—"It is still based on the same general principles which were briefly mentioned in the last report, and there is little of novelty to be mentioned in this connection." "The 'new cure' for epilepsy—bromide of potassium—

has been freely used in a considerable number of cases, without other favorable result, hitherto, than a mitigation of the severity of the disease in a few of them." "The cases here are all chronic; it may be more efficient in the earlier stages of the disease."

Work with the hands is considered here, as elsewhere, the most powerful of those hygienic and curative agents and influences which are classed under the general term, "moral treatment"; and the Superintendent thinks in no year has this agent been more extensively applied than in that which has just closed. From the records kept of all the days' work done by patients during nine months in all departments, it amounts to 25,081 days; though a large part, he adds, "is of course far less efficient than that of healthy men and women."

Services in chapel have been, divine worship on the Sabbath, conducted by the clergymen from the village in rotation, and a variety of entertainments on week-day evenings, such as lectures by the Superintendent and others, readings of the Holy Scriptures, poetry, &c., and singing; and once a week, except in the warmest weather, a social gathering on one of the rotunda floors, when dancing is allowed.

The practice of enticing patients to a hospital by false pretences, formerly very common, is still not wholly discontinued by well meaning but very injudicious friends, and is justly condemned by all who have the care of insane persons. In speaking of this matter, Dr. Earle says, "It being decided to place a person in the hospital, let him be frankly informed of that decision." "By proper management, in doing this, he will generally consent to the change, or, at least, will not oppose it." "If he does not consent, and does oppose, better by far that he should be brought manacled and bound from head to foot, than that he should be lured by promises made to be broken, and by anticipations which are doomed to disappointment."

The daily routine of hospital life is minutely described—improvements both of farm and buildings noted; and the report closes with the usual acknowledgments to assistants and donors.

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*Annual Report for 1866, of the Trustees and Superintendent of the Bulter Hospital for the Insane, at Providence, R. I.*

During the past year, the Trustees report the addition of twelve and a half acres of land to the Hospital farm, first by purchase, but finally as a gift from Alexander Duncan and Robert H. Ives, the same gentlemen who gave the funds for the new building which was completed early in the season, designed for the benefit of the patients, and devoted—the lower story, to two bowling alleys with separate entrances for males and females—and the second story, to a billiard room with two tables, and a reading room or museum. In elegance of construction and interior finish, and in the completeness of its appointments, this building is said to be unequalled, or even unapproached by any thing of a similar kind, either in this or any other country.

A very important item in the report is the fact of the resignation of Dr. Isaac Ray, their able and accomplished Superintendent, who has had charge of the Hospital from the beginning, and previously held a similar situation in the Maine Hospital. Before assuming his duties at the Butler Hospital, he visited and examined thoroughly the Hos-

pitals for Insane in England, France and Germany. Fortunate indeed were the Trustees in securing the services of Dr. Ray for their new Institution, a man of such rare qualifications for the office. The yearly reports that have gone forth from his pen, have made the name of the "Butler Hospital" an honor at home and abroad, and every line of them is worthy to be read and pondered by all who have the mental integrity and welfare of the human race at heart.

Although Dr. Ray's resignation was received and reluctantly accepted in January, 1866, he consented to remain until a successor could be appointed, and, consequently, he did not leave until January, 1867, when Dr. John W. Sawyer, formerly assistant to Dr. Ray, and for the last five years assistant in the Wisconsin State Hospital, was appointed and assumed charge of the Institution.

From the report of Dr. Ray we learn that the number of patients in the Hospital, Dec. 31st, 1865, was 131—66 males and 65 females. During the year, there were admitted, 44—31 males and 13 females; making the whole number under care, 175.

The number discharged was 56—18 males and 38 females, leaving, on the 31st of December, 1866, 119.

Of those discharged, 24 had recovered, 3 had improved, 11 were unimproved, and 18 died.

Dr. Ray takes the opportunity in this report to review the history of the Institution from its beginning, now twenty years, and to point out its present and future wants to enable it to sustain and advance its present character in a similar manner as other institutions for the same purposes. To meet these wants at the present time, he thinks they need 80,000 dollars for necessary repairs and improvements. He devotes several pages to an exposition of the manner in which he has conducted the affairs of the Hospital, and while he thinks he may have erred sometimes, he does not wish to avoid any responsibility that properly belonged to him, and only claims the indulgence that is always due to an honest purpose and diligent endeavor.

*Northampton, Feb., 1867.*

C. K. B.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 7, 1867.

### THEORIES OF DISEASE.

WHEN the strong man, engaged in the active pursuits of life, is laid low by illness, his affairs left to take care of themselves as best they may, himself rendered helpless as a child by, as it were, a power inexorable, the event often creates in the popular mind a sentiment of wondering surprise. It is looked upon as a departure from the ordinary course of things; as an accident, and almost even as an impertinent intrusion. Or else it is thought that if more care had been used, if this thing had been done, or that not done, the calamity need not have occurred. This last idea has been carried so far by some as to be generalized into the statement that all diseases are the consequences of infraction of the laws of health,

if not by the sufferers, yet by their ancestors; and is suggestive of the Jewish belief that sickness was a punishment for transgression of the moral law.

Avowedly to controvert these notions is the aim of certain arguments latterly addressed to the profession. The accomplished author of these views, which are set forth in an elegantly written essay, contends that diseases are "a part of the plan of creation"; that the idea of them "must have originated in the Creator's mind"; and that though "deliberately devised they do not necessarily imply 'gratuitous malevolence.'" He founds his theory on the fact that diseases have been the heritage of the animal creation, from the fossils of a past epoch to the human species; and on the evidences of design in the history and course of various maladies.

In a certain well-established sense, we must all coincide in the above statements. But, in the course of his remarks, the writer referred to seems to take more from man's free will agency than some of us would be willing to allow. Since this theory is announced as a denial of the popular ideas before mentioned; and, also, from the general drift of the essay in which it is advanced, the inference appears to be that disease is to be considered as predestined, imposed as a necessity on the physical organization, and scarcely more within the sphere of human agency than the winds, the tides, the rain, or the drought. Our author, however, himself seems to shrink somewhat from so sweeping a generalization. After saying that "we may not often prevent their coming," he adds, before finishing the sentence, "we may seek with some certainty of success to evade their approach." But, as a general thing, he seems to discourage the expectation of avoiding, arresting, or controlling them.

Now, we do not anticipate that disease is to be eradicated from the world much before the millennium; and, we are fully aware that all of us who do not perish from violence or accidental injury, will be carried off, sooner or later, by some disorder. We do not gradually wither up, and disappear, nor suddenly subside into dust, like the "one-hoss shay" (in the fable of that name), which had no part weaker than the rest. Still it strikes us that the arguments used to sustain this doctrine that disease is a part of a fixed and unalterable plan, as much and in the same way as are the processes of reproduction, of growth and decay, prove too much. For, as its author himself sets forth, what are termed *injuries*, which are obviously in large measure the result of human agency, accidental (so-called) or intentional, are equally universal as diseases. And we claim that they show quite as evident marks of design, in the provision for them, as events that were to come about in some way, through the mysterious relation between the Creator's ever-present providence and the creature's free will. We see design manifested in the arrangement for the expulsion of foreign bodies, for the effacing of solutions of continuity, and particularly for the union of fracture, with its provisional callus in the shaft of a bone, but with none in the capsule of its joint where it would do harm.

But, leaving the abstract discussion of the origin of disease to merge itself in the more general one of the *origin of evil*, and looking at the question from a practical point of view, we find our knowledge of the subject limited to a very simple statement. Disease sometimes occurs, as in the case of syphilis, in the form of retribution for transgression, on the part of the victim, or his parentage; sometimes as the consequence of imprudence; sometimes, indeed, as a misfortune, inevitable in the present state of our knowledge. By the terms of the



statement, the first two classes are not *predestined* to us regardless of our volition. To cite examples, we have pneumonia occurring as the effect of meteorological changes, which we can also often resist in proportion to our means of shelter and habiliment; variola, which is spread largely by contagion, which could formerly be escaped only so far as isolation was practicable, but which we can now, to a great extent at least, protect ourselves against by the wonderful discovery alike and invention of vaccination; intermittent fever, which we need not have, unless necessity or duty bring us into certain marshy districts; typhoid fever, which, indeed, we as yet know not how to avoid. The first instance, pneumonia, represents a group of complaints which, as we usually see them, we are not able to break up, but which we can alleviate; intermittents we do stop by quinine; varioloid and typhoid fever are illustrations of large classes of diseases, which, in the present state of our knowledge, we cannot arrest, and probably cannot shorten, but may ameliorate. In their mortality, too, these last mentioned can only be lessened by promoting the "endurance" of the patient while the malady passes through its "succession of processes." Yet, in that way alone, something may be done. The enlightened practitioner (who truly appreciates the "cure" of his patients), by the timely administration of an opiate or a purgative, and by the careful direction of that aggregate of attentions which constitutes good nursing, may, nay must, sometimes turn the scale, wavering between life and death, and thus add somewhat to the number of recoveries.

But we must not forget the gradually increasing list of disorders, of which to know their causes is to avoid or remove the latter, and the morbid phenomena with them; as, for instance, the lesions produced by the *acarus*, the *tania*, the *trichina*, and other parasites.

In fine, let us remember that the same hand which sent us *pain* gave us *opium*. We know nothing more appropriate in etymology than the derivation of the name of one of the preparations of that drug—viz., *laus Deo*.

Having already occupied more than our allotted space in speaking of the origin of disease and our control over it, we can barely allude to a theory of its essential nature, advanced by Dr. Ellis in his address to the Medical School of Harvard University. Dr. Ellis argues that vital phenomena are not distinct from physical, but are intimately interwoven with them; that diseases are not separate entities; but that morbid phenomena are simply perversions of healthy action; and that the two merge into each other by as imperceptible gradations as those which lead from sanity to insanity. We would add that an analogy may be borrowed from the moral world, where it is claimed by some that the evil passions are merely perversions of healthy and rightful instincts. This theory is enforced by various weighty citations of fact, and we are gratified to regard it as in harmony with the views we have above advocated.

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As we now for the first time occupy the Editorial chair, we have thought it might not be improper to state the views we have given above.

We are well aware that it would be no easy task for any one to attempt to fill the place vacated by our predecessor—a hopeless one perhaps for ourselves. And we do not forget that among the readers of this JOURNAL are many who are fitted to be our teachers. We can only promise our endeavors to perform the duties of the position we now assume, with diligence, firmness and impartiality.

## REMARKABLE CASE OF LARYNGOSCOPIC SURGERY.

At the monthly meeting of the Suffolk District Medical Society, on the 23d ult., Dr. H. K. Oliver, at the request of the President of the Society, reported a case so rare as to induce us to make it the subject of special mention. This was the extraction, through the mouth, by the aid of the laryngoscope, of a tumor from the right vocal cord, with complete restoration of the vocal functions. We are not in possession of the details of the case, which will, however, of course, be brought to the notice of the profession in due time, but the main facts are as follows:—

The patient was a male adult, who was brought to Dr. Oliver by his ordinary medical attendant in May, 1866, having entirely lost his natural voice for a period of ten months. A laryngoscopic examination showed the cause of the trouble to be a tumor, the greater part of which was buried in the body of the right vocal cord. The free portion was about the size of a pea, which, in the closure of the glottis, pressed against the left cord. The normal action of both cords was therefore completely annulled. The removal was accomplished by the combined employment of incisions and caustics, under the guidance of the laryngoscope, after a patient series of operations extending over a period of more than three months, with entire safety to the vocal cord. The patient was present at the meeting of the Society referred to, and read a few sentences from a book; and it was difficult to believe that one of his vocal cords had been the seat of a morbid growth. At the close of the meeting, Dr. Oliver lighted up the interior of the larynx for the inspection of the members of the Society, and a cicatrix, marking the former site of the tumor, was plainly visible upon the cord.

The tumor was, according to Dr. Ellis's microscopic examination, fibro-plastic in nature. Of course, its recurrence is a matter of possibility, and it was Dr. Oliver's intention to wait still longer before reporting the case as completed, but nearly six months having elapsed since the removal, he seems to have been quite justified in yielding to Dr. Bowditch's desire to bring it to the notice of the District Society. Whatever the future may bring forth, the case, as it now stands, presents one or two most interesting points, which we shall be pardoned for referring to.

It is only quite recently that the profession, generally, have been willing to believe that the larynx could be made to tolerate the presence of an instrument for a period of time sufficient even for the seizing of a pediculated growth within its cavity, and the project of employing anything stronger than the solutions of nitrate of silver was, with apparent reason, deemed extremely hazardous. Dr. Oliver's case, however, shows that it is possible to employ cutting instruments and the most powerful caustics, with perfect immunity to the healthy structures and with no extraordinary degree of discomfort to the patient.

Notwithstanding, however, the aid which the laryngoscope affords, in manipulating within the larynx, the history of the extirpation of sessile growths in this organ shows that time is often necessary for their removal. Especially must this be true when a vocal cord is the seat of the growth, and any reasonable length of time would seem to be well spent, provided the cord could be, eventually, preserved uninjured.

We deem it fortunate that the case presented itself in this part of the country, for, although laryngoscopy has already taken a place among us as a most im-

portant aid in medical practice, such a result of an operative procedure as we are now able to record, cannot fail to enlist at once entire confidence in the resources of this art.

We would add that Dr. Bowditch, whose specialty has shown him much of diseases of the larynx, pronounces an encomium on this operation, the purport of which is, that the latter is the most beautiful and striking innovation in surgery of which he has been cognizant for years.

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THE number of this JOURNAL issued September 27th, 1866, contained an editorial which we have reason to believe did great injustice to a well-known chemical house in this city. It had not at the time the sanction or approval of the publishers, and we are satisfied that justice to the parties alluded to requires this *amende* from us. A.

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THE Medical Faculty of Harvard University entertained the medical class at a social gathering at the Revere House on Friday evening, March 1st. There were also a number of other invited guests from among the physicians of Boston and vicinity, besides one or two not of the profession. Among the latter we recognized Mr. Ball, of the Board of Trustees of the City Hospital, and the Rev. Dr. Neale. The Navy was represented by Dr. S. F. Coes, of the U. S. Hospital at Chelsea. The spacious reception rooms of the hotel were well filled, and a handsome collation was provided. The number of undergraduates is over three hundred.

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FOR the information of those members of the profession who wish to attend the surgical visits at the Massachusetts General Hospital, the following announcement is made. The arrangement, for the next two months, will be as follows:—Dr. Warren will visit with surgeons, on Saturdays at 10 o'clock; Dr. Clark at the same hour on Wednesdays. Dr. Clark will visit with the students at 10 o'clock on Saturdays; Dr. Warren on Wednesdays. Surgical operations on both days at 11 o'clock.

During the months of May and June this plan will be reversed—Dr. Warren visiting with surgeons on Wednesdays, Dr. Clark on Saturdays.

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*Appointment at the Boston Eye and Ear Infirmary.*—Dr. B. Joy Jeffries has recently been appointed one of the Surgeons of this Institution.

We also learn that the same gentleman has been chosen lecturer on Diseases of the Skin at the Berkshire Medical College.

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WE would call attention to the advertisement of Mr. Wilson in the advertising columns of this week's JOURNAL. To purchasers of surgical instruments, Mr. Wilson offers rare advantages for buying at greatly reduced prices.

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THE *Union Médicale* says:—"We read in a letter from Leipzig, published in the *Augsburgh Gazette*, that Professors Griesenger, Pettenkofer and Wunderlich have met here to prepare a set of prescriptions for the treatment of cholera, which they propose to publish. Dr. Macpherson, who has made a special study of cholera in India, has arrived to aid them in their conferences. These four physicians are unanimous in the opinion that cholera is propagated by subterranean waters.

**Massachusetts Medical College.**—The Annual Commencement for the conferring of medical degrees will take place at the College on Wednesday, March 18th. The exercises will commence at 11½ o'clock, A.M., with a prayer by President Thomas Hill, D.D., after which graduates will read selections from their dissertations. The degrees will then be conferred by the President, and the exercises will conclude with an address by Prof. Louis Agassiz, LL.D.

The Corporation and Board of Overseers of the University will be present on the occasion, and the Fellows of the Massachusetts Medical Society, all medical students, and all persons who may be interested in medical science, are hereby respectfully invited to be present.

GEORGE C. SHATTUCK, M.D.,  
Dean of the Medical Faculty.

Wednesday, March 6, 1867.

**The new Treatment of Rheumatism.** MESSRS. EDITORS,—I am glad you published Trousseau's formula from Parrish, as it enables me to correct an error. I had not read it before, but simply saw it was announced as in Parrish's book. Trousseau's own statement is of a syrup saturated with lime. "*Il se prépare en saturant le sirop de sucre par le chaux et en filtrant.*" On looking at Parrish, I find that it is to be made of slaked lime. This is entirely wrong. It should be made of caustic lime. The best formula would be to mix two (2) ounces of lime unslaked and eight (8) ounces of sugar together in the mortar, and pour over the mixture a wine pint of boiling water. Filter and add boiling water enough to make up the pint. By the use of boiling water, the operation is more rapid and the formation of lumps is avoided. Of this I have given as much as forty-five (45) drops every two (2) hours in one case of acute rheumatism. Generally, thirty-five (35) drops in half (½) a tumblerfull of milk every three (3) hours has been enough. The diet in my cases has been left to the patient's choice.

Very truly yours,

C. E. BUCKINGHAM.

**Vital Statistics of Providence, R. I., for the Year 1866.**—The number of marriages in Providence during the year 1866 was 793. This number was 84 more than in 1865, and 54 more than were ever before reported in Providence in any single year. There were 1,632 births reported in 1866, or 334 more than in 1865. The population of Providence in 1865 was 54,595. It may safely be estimated at 56,000 in 1866. This would give, during the year 1866, one birth to 34.3 of the population; one person married in 35.3 of the population; one person died in 54.0 of the population. There was a gain, during the year 1866, of 596 in the population, by the excess of births over deaths; in the previous year the gain was only 87.

**Absence of Kidney.**—Mr. W. Symonds, of Ross (*Lancet*), examined a man who had died from typhus, and found entire absence of the right kidney, although the right supra-renal capsule was then natural and healthy. The left kidney weighed seven and a half ounces, and was healthy.—*Canada Medical Journal*.

**Insects, Fabricators of Iron.**—It is well known that some insects are skilful spinners, but it was not known that some of them fabricated iron. A Swedish naturalist, M. de Sjogreen, has published a curious memoir on this subject. The insects in question are almost microscopic; they live beneath certain trees, especially in the province of Smaland, and they spin, like silk-worms, a kind of ferruginous cocoons, which constitute the mineral known under the name of "lake ore," and which is composed of from 20 to 60 per cent. of oxide of iron mixed with oxide of manganese, 10 per cent. of chloric, and some centimetres of phosphoric acid. The deposits of this mineral may be 200 metres long, from 5 to 10 metres wide, and from 8 to 30 inches thick.—*Medical News*, from *Revue de Thérap. Méd.-Chirurg.*, Sept. 15, 1866.

THERE was recently described in a paper read before the Royal Society of London a microscope which exceeds what has been considered the utmost attainable.

ble limit of perfection in this instrument. It magnifies three thousand diameters with its lowest eye-piece, and fifteen thousand diameters with its highest, so that an object is made to appear one billion five hundred seventy-five million times larger than it really is.—*American Artizan*.

A DEATH from chloroform took place recently at Bellevue Hospital on the occasion of the performance of a rhinoplastic operation by Prof. Hamilton. The patient was a robust, middle-aged Irishwoman, whose nose had been bitten off in an encounter with a negro.—*Medical Record*.

*Rush Medical College, Chicago, Ill.*—The Annual Commencement exercises in this Institution took place on the 30th of January. The degree of Doctor of Medicine was conferred on 72 members of the Class; and the honorary degree was conferred on Dr. David Prince, of Jacksonville, Ill., and Dr. Ezra S. Carr, of Madison, Wis. The address to the graduating Class was delivered by Prof. E. Ingalls. As already announced, Prof. M. Gunn, of Michigan, has accepted the chair of Surgery made vacant by the death of Prof. Brainard. A professorship of Surgical Anatomy and Military Surgery has been created, to which Prof. Edwin Powell has been elected.

At the Annual Commencement of the Medical Department of the University of Buffalo, February 26th, the degree of Doctor of Medicine was conferred on forty graduates. The charge to the graduating Class was delivered by Prof. James P. White, and the valedictory address by Milton G. Potter, A.B. M.D.

The Long Island College Hospital had 109 matriculants and 49 graduates at its session for 1866.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 2d, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	43	36	79
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.7	43.6	86.3
Average corrected to increased population	00	00	95.06
Deaths of persons above 90	0	0	0

JOURNALS AND PAMPHLETS RECEIVED.—*Medical Record*, Nos. 24 and 25.—*Medical and Surgical Reporter*, Vol. xvi., Nos. 6-8.—*Buffalo Medical and Surgical Journal* for February and March.—*Chicago Medical Examiner* for February.—*Medical Reporter*, Nos. 6-8.—*Nashville Journal of Medicine* for February.—*Richmond Medical Journal* for February.—*Atlanta Medical and Surgical Journal* for February.—*Galveston Medical Journal* for November and December.—*L'Union Médicale*, Nos. 13-21.—*London Lancet* (reprint) for February.—*Chemist and Druggist* for February.—*Journal of Materia Medica* for February.—*Detroit Review of Medicine and Pharmacy* for February.—*Druggists' Circular* for March.—*Boston Journal of Chemistry and Pharmacy*, No. 5.—*Dental Cosmos* for February.—*University Journal of Medicine and Surgery*, No. 10.—*Herald of Health* for March.—*Hall's Journal of Health* for March.—*Phrenological Journal* for March.—*Proceedings of the Pathological Society of Philadelphia*, Vol. II.—*Third Annual Report of the Board of State Charities of Massachusetts*.

COMMUNICATIONS RECEIVED.—*The Pathological Physiology of the Brain in Cholera*. By Dr. E. Mesnet. Translated by Theodore W. Fisher, M.D.—*Sore or Excoriated Nipples*. By Daniel V. Folts, M.D.

DEATHS IN BOSTON for the week ending Saturday noon, March 2d, 79. Males, 43—Females, 36. Apoplexy, 1—disease of the bowels, 1—disease of the brain, 4—bronchitis, 4—consumption, 15—convulsions, 4—croup, 2—debility, 1—diarrhoea, 1—dropsy, 1—dropsy of the brain, 1—epilepsy, 1—scarlet fever, 2—typhoid fever, 3—hæmorrhage, 2—disease of the heart, 3—infantile disease, 3—inflammation, 1—intemperance, 1—disease of the liver, 1—disease of the lungs, 1—inflammation of the lungs, 3—marasmus, 1—measles, 1—old age, 1—paralysis, 1—premature birth, 2—scrofula, 1—smallpox, 4—disease of the spine, 2—syphilis, 1—teething, 2—unknown, 5—whooping cough, 2.

Under 5 years of age, 31—between 5 and 20 years, 8—between 20 and 40 years, 22—between 40 and 60 years, 12—above 60 years, 6. Born in the United States, 61—Ireland, 11—other places, 7.

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" Barium,	0.3336
" Strontium,	0.0039
" Calcium,	57.9757
" Magnesium,	23.6823
" Sodium,	4.0380
" Potassium,	1.2785
Iodide of Magnesium,	0.1412
Bromide of Magnesium,	1.3116
Magnesia,	11.2629
Alumina,	0.0063
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WEEKS & POTTER, 172 Washington St., Boston, agents for the New England States; and for sale by all Druggists. Oct. 16-1y.

DR. J. H. DIX has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.  
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DR. EPHRAIM CUTTER, 13 Pemberton Square Boston.  
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Jan. 19, 1866. Jan 25-1f.

## MEDICAL JOURNAL ADVERTISING SHEET.

**MEDICAL CONVENTION.**—At a meeting of the American Medical Association, held in the City of Baltimore, May 3d, 1886, the following Resolution was adopted with much unanimity, and the undersigned appointed a Committee to aid in carrying it into practical effect.

"Resolved.—That this Association earnestly requests the Medical Colleges of the country to hold a Convention for the purpose of thoroughly revising the present system of Medical College instruction, and that a Committee be appointed to aid in carrying the resolution into effect."

In fulfilling the duties enjoined on them, the undersigned respectfully and earnestly invite the Trustees and Faculty of each regularly organized Medical College in the United States to send representatives to a Convention to be held in the City of Cincinnati, Ohio, on Friday preceding the next Annual Meeting of the American Medical Association; namely, on the 3d day of May, 1887. We would also respectfully suggest that all delegates to such Convention be prepared to consider fully and act upon the following subjects:

*First.* The adopt on of a more uniform and just rate of Lecture Fees by all the Colleges in this country.

*Second.* The propriety of increasing the length of the Annual Lecture Term, and the number of Professorships.

*Third.* The adoption of measures for securing more thorough attention on the part of the students to the more elementary branches of medical science, and a more progressive order of medical studies.

*Fourth.* The practicability of requiring three Annual Courses of Lectures, instead of two, as a condition of graduation; and of making Hospital Clinical Instruction on a necessary part of the Third Course.

*Fifth.* The practicability of establishing and erecting some appropriate standard of preliminary education for young men proposing to enter upon the study of medicine.

Feeling confident that a free interchange of views upon these, and such other topics as the Convention might deem proper, would result in the adoption of measures of great importance to the interests, honor and usefulness of our profession, we again cordially and earnestly invite your co-operation.

N. S. DAVIS,  
S. D. GROSS,  
WORTHINGTON HOOKER, } *Committee.*  
M. B. WRIGHT,  
GEO. C. SHATTUCK, }

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Jc21—1f

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Apr. 6

**FROM** the present date, Dr. H. R. STORER will attend only to office and consultation practice, and will see no patients at their homes save in connection with some other physician.  
*Hotel Pelham, Oct. 1866.*

**DR. MORLAND** has removed from No. 13 Arlington Street to No. 90 Charles Street. Office hours, from 8 to 9 o'clock A.M., and from 3 to 4 o'clock P.M.  
D6—3m.

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# BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2037.] Thursday, March 14, 1867. [Vol. LXXVI. No. 6.

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## HARVARD UNIVERSITY.

### Summer Session of the Medical Department.

THE annual course of summer instruction in the Medical Department of Harvard University will commence at the Massachusetts Medical College, in North Grove Street, Boston, on Monday, March 18, 1867, and continue until November.

Clinical, Medical and Surgical Instruction will be given at the Massachusetts General Hospital, at the City Hospital, and at the Dispensary.

Recitations from approved text-books will be held daily during the session at the College, upon all branches necessary to a medical education. Occasional lectures are also given, and demonstrations, illustrated by the Museums of the College.

During the Summer Session, instruction is given by lectures at Cambridge, on Botany, by Prof. Gray; on Comparative Anatomy, by Prof. Wyman; on Zoology by Prof. Agassiz; on Acoustics and Optics, by Prof. Lovering. To these lectures, students of the Summer Session will be admitted without extra charge.

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JACOB S. MOSHER, M.D., Prof. of Chemistry and Medical Jurisprudence.

JACOB S. MOSHER, *Reg'r.*

Albany, Dec. 31, 1885.—*tf*

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Essays may be forwarded to either of the Committee for the Jewett Prize on or before the first of March, 1887; for the Russel Prize, on or before the first of March, 1888. Each essay to be accompanied with a sealed envelope enclosing the name and address of the author. The unsuccessful essays will remain with the members of the Committee in whose hands they were originally placed, subject to the order of their respective authors.

B. H. CATLIN, M.D., W. Meriden.

I. J. SANFORD, M.D., New Haven.

HENRY BRONSON, M.D., "*Prize Committee.*"

Oct. 21, 1886.

N15

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Jan 25—*tf*.

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Roxbury, Oct. 25, 1885.

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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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REPORT OF THE COMMITTEE APPOINTED BY THE OVERSEERS  
OF HARVARD COLLEGE TO VISIT THE MEDICAL SCHOOL  
DURING THE YEAR 1866.

[Communicated for the Boston Medical and Surgical Journal.]

At an adjourned meeting of the Board of Overseers of Harvard College, held in Boston, on the seventeenth of January, 1867, the following Report was submitted, accepted and referred to the Corporation:—

TO THE PRESIDENT AND BOARD OF OVERSEERS  
OF HARVARD UNIVERSITY.

GENTLEMEN,—Agreeably to the notice of the President and Board of Overseers of Harvard University, the Committee to examine the Medical School, consisting of Drs. Winslow Lewis, J. Mason Warren, Samuel Cabot, John Green, George Hayward, Ezra Palmer, Daniel D. Slade, C. G. Putnam, William Read, Horatio R. Storer, Clement A. Walker and George H. Lyman, visited the School, inspected the rooms, received the reports of the Professors, and beg leave to present the following report:—

The various rooms were found to be in a satisfactory condition. The state of the School will be best shown by the following digest of the reports of the Professors.

In the department of Obstetrics and Medical Jurisprudence—Professor D. Humphreys Storer—the full number of lectures has been given during the term, and many valuable specimens have been added to the Museum illustrative of this branch.

In the department of Pathological Anatomy—Professor John B. S. Jackson—the usual course has been pursued of lectures on General Pathological Anatomy, and recent specimens, alternating with lectures on prepared specimens. The Anatomical Museum has been enriched, during the past year, by one hundred new specimens. A Descriptive Catalogue is now in preparation by the Curator.

The department of Clinical Medicine, conducted by Professor H. I. Bowditch, assisted by Adjunct Professor Calvin Ellis, has been of

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great advantage to the students, who have availed themselves of its practical and theoretical teachings in increasing numbers. It is proposed to extend its sphere of usefulness, during the coming term, by the formation of a corps of assistants selected from advanced students. The plan of requiring three years' study in some recognized medical school, of candidates for a diploma, is suggested.

Professor O. W. Holmes, of the Department of Anatomy and Physiology, reports that the customary course of instruction has been given during the winter term, to the largest class ever present at the lectures. The department has been strengthened by the following appointments:—Dr. Jeffries Wyman as Professor of Comparative Anatomy and Physiology; Dr. C. E. Brown-Séquard as Professor of the Physiology and Pathology of the Nervous System; Dr. D. W. Cheever as Assistant Professor of Anatomy; and Dr. J. S. Lombard as Assistant Professor of Physiology.

In the department of Theory and Practice—Professor G. C. Shattuck, and Adjunct Professor C. E. Buckingham—the usual number of lectures has been given, besides visits to the medical wards of the Massachusetts General Hospital and the surgical wards of the City Hospital. The late Dr. Gould and Dr. Minot have delivered lectures and made visits in the medical wards of the Massachusetts General Hospital during the spring term. Dr. Tyler has given instruction in Psychological Medicine.

Professor H. J. Bigelow, of the Surgical Department, states that sixty lectures were given during the winter term, and abundant opportunity offered for the study of practical surgery in the visits and numerous operations at the Massachusetts General Hospital. At the City Hospital, Ophthalmology has been illustrated theoretically and practically by Dr. H. W. Williams; and at the Boston Dispensary very useful instruction has been given in out-practice and minor surgery. Since the appointment of Dr. R. M. Hodges as Adjunct Professor of Surgery, it is proposed to increase the number of lectures in the coming term. Recitations were held during the summer term.

The regular course of lectures was given by the Professor of Chemistry—Dr. John Bacon—during the winter session. In the summer session recitations were heard, and instruction given in practical chemistry in the laboratory. Should the number of students desiring practical instruction increase, it will become necessary to enlarge the laboratory. The recent appointment of Dr. J. C. White as Adjunct Professor, will add to the efficiency of this department.

Dr. E. H. Clarke, Professor of Materia Medica, reports that the required number of lectures was given during the winter term; and during the summer the usual course of recitations held, either by himself or his assistant, Dr. F. E. Oliver.

The Museum of Materia Medica is entirely inadequate for the purposes for which it is used, and an increase in material and space

is desired. The increase in the number of students is adverted to, and the want of accommodation for them in the present building.

The Dean of the Medical Faculty, Dr. G. C. Shattuck, reports as follows:—"Every department of the School has been characterized, during the past year, by activity and well-directed energy. The School began with three professors; it now numbers twenty-three professors, adjunct professors, assistant professors and instructors. The establishment of a summer term has been attended with gratifying success. In connection with the lectures, the School has the advantages of the Massachusetts General Hospital, the City Hospital, the Boston Dispensary, and the Eye and Ear Infirmary. The attention of the Committee is called to the urgent need of greater accommodation, either by adding to the present structure or the erection of a new building. The expenses of the School amount to \$5000 yearly, which sum is deducted from the fees of the Professors, with the exception of the small income from the Jackson Fund. The funds of the School have been chiefly derived from medical men; and in view of this fact, it seems proper to make an appeal for material aid to the community. It is clear that something must be done in this direction, if the number of students is to be increased and the position of the School maintained."

The reports given above furnish abundant evidence of the continued prosperity and the growing importance and usefulness of the Medical School. It is now eighty-four years since the first efforts were made for its establishment, and its history is one of success from its inception to the present time.

The following account is a brief *résumé* of its rise and progress:—

Before 1783 no medical school existed in Massachusetts, and the study of medicine was pursued with much difficulty. No regular instruction was given; the only available means were to go to Europe—a thing not easy of accomplishment in those days—or to follow the private practice of some physician. The war of the revolution gave an impulse to the profession of medicine, and showed the necessity and wisdom of giving proper facilities for its support. The government of Harvard College founded a school in 1783, with the following corps of Professors:—Dr. John Warren was Professor of Anatomy and Surgery, Dr. Aaron Dexter of Chemistry and Materia Medica, and Dr. Benjamin Waterhouse of the Theory and Practice of Medicine. The class of students attending lectures numbered twenty, and was drawn from all parts of New England. In 1785, the degree of Bachelor of Medicine was first conferred, a probation of seven years being then exacted before the candidate became a Doctor of Medicine. From 1806 to 1810 the Faculty received accessions to its numbers by the appointment of Dr. John C. Warren as Adjunct Professor of Anatomy and Surgery, Dr. John Gorham as Adjunct Professor of Chemistry, and Dr. James Jackson as Lecturer on Clinical Medicine. The facilities for medical instruction in Cam-

bridge being insufficient, the School was removed to Boston, and in 1810 lectures were given by the increased staff, the course occupying three months instead of six weeks as heretofore. Donations of specimens were then first given for the formation of an anatomical collection. In this year (1810) efforts were made by some members of the profession to found another school, with equal privileges to this, and the attempt nearly succeeded. Party feeling ran high, and the subject of the schools became mixed with the strong political feeling then raging, and had it not been for the strenuous exertions of Drs. J. C. Warren and James Jackson, there is reason to believe that the Harvard Medical College might have succumbed, for it was then impossible for two schools to have existed in the contracted field of Boston. But the storm was weathered, and three years later a grant of land in Mason Street was received from the State, on which, in 1816, what was then considered a handsome building was erected. At this time two more Professors were added to the Faculty—Dr. Jacob Bigelow in the department of *Materia Medica*, and Dr. Walter Channing in that of *Midwifery*. The School continued to prosper, and thirty years later the number of students attending the lectures had risen to 160, and greater accommodation became necessary. A liberal gift of land from Dr. George Parkman, the contributions of some of the wealthy citizens of Boston, and the sale of the old college building furnished the means, and the building in Grove Street was the result.

One department of the College deserves especial notice—that of the Museum of Anatomical Specimens. This collection, one of the largest in the country, was presented to Harvard University by Dr. John C. Warren, with a sum of money for its preservation, in December, 1847, being the result of his labors, with those of his friends and pupils, for more than forty years. The following gentlemen were among the chief contributors to it, or were engaged in making preparations for it:—Drs. James Jackson, John Gorham, Spaulding of Portsmouth, Rufus Wyman, Winslow Lewis, George Parkman, Wm. Gamage, Jr., Edward Warren, Alexander E. Hosack, J. B. S. Jackson, J. M. Warren, and Samuel Parkman. Since the collection came into the possession of the College it has been greatly augmented by gifts from various sources, and by the assiduous labors of the Curator, Dr. J. B. S. Jackson. Drs. O. W. Holmes, H. J. Bigelow, R. M. Hodges, D. W. Cheever, and others, have made important preparations for it. Valuable contributions were made to it by the late Dr. George Hayward. It contains about 2800 specimens.

The collection has now outgrown the space devoted to it in the College, and as no additional means of accommodation are available, the question of a new building at once presents itself.

The present building was erected at a time when the number of students was small, and the necessity of removal from Mason Street pressing. Its situation, in close proximity to the Massachusetts Gene-

ral Hospital, is perhaps the best for its purposes ; but it is defective in construction, and constantly in danger of being destroyed by fire.

There is great need of a good medical library in connection with the College. The number of books now in possession of the College is not large, but is of great value. They are, however, accessible to few, and not increasing with the advancement of medical science. Should the library be given space enough, and thrown open, under proper restrictions, to the professional public, and donations solicited, there is every reason to believe that a rapid growth in its size and importance would result. At present, Boston and its neighborhood possess no complete medical library. Collections of medical books exist in the University Library at Cambridge, and in the Boston Athenæum and Public Library, but none of them fully meet the wants of the profession. It is thought desirable by your committee, that the medical books in the University Library at Cambridge, especially the Boylston Collection, which are very valuable and but little used, should be added to the Library of the Medical College in Boston, if this can be legally effected.

The class of students now contains somewhat over 300 members, and the lecture rooms of the College are too small to accommodate properly more than half that number. While the increase in material for instruction and the number of pupils is gratifying, and gives promise of yet greater growth in the future, the limited capacity of the building becomes painfully manifest. Your committee would therefore suggest that if it is not feasible to erect a new structure on the present site, or elsewhere, a fire-proof building, capable of containing the Anatomical Museum and the Library, be erected, at a proper distance from the College. Of the importance of a fire-proof building for containing the Anatomical Museum, the destruction by fire of the splendid collection which the late Dr. Valentine Mott had passed his life in forming, is an example. The value of the present collection belonging to the Medical School can hardly be estimated in money ; the loss of it would be irreparable, as it could not be replaced by purchase. To meet the expense of the outlay required by this plan, it would seem proper to make an appeal to the public, who are interested in giving to the medical man the best facilities for a thorough education.

The College now numbers among its professors, or has connected with it, some of the most distinguished men in their departments in the country. In addition to the instructions of the able corps of professors, adjunct professors, assistant professors and instructors, the student can avail himself of the teachings of the Massachusetts General Hospital, City Hospital, Dispensary, and Eye and Ear Infirmary in Boston, and valuable courses of lectures in Cambridge by Professors Wyman, Agassiz, and others.

It would increase the efficiency of some of the departments of instruction, could wards in the Hospital be set apart, or, what would

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be better, could hospitals be established for the treatment of the following affections:—syphilitic diseases, skin diseases, midwifery, diseases of women, and diseases of children. These branches would be much better and more systematically illustrated for the purposes of instruction, were they treated in separate hospitals. As it is, the first of the above-mentioned classes is not received into our City Hospitals, only a limited number of the second, none of the third, and but few of the fourth and fifth.

The attention of the Overseers is earnestly called to this matter, in the hope that through their influence, steps may be taken to further the interests, not only of the medical profession, but of the public at large, by carrying out the suggestions above mentioned.

All of which is respectfully submitted.

#### SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL. SERVICE OF DR. S. CABOT.

Reported by Mr. F. R. STURGIS.

[Communicated for the Boston Medical and Surgical Journal.]

**CASE I.**—*Fracture of the Femur in two places, occurring in a Boy 5 years of age. Recovery.*—D. H., æt 5, a native of Dorchester, of rather delicate appearance, was run over by a cart three hours previous to entrance. At entrance, an examination under ether revealed two fractures—one in middle third of left femur, and another one near the knee-joint. Both were oblique. The knee-joint was swollen, quadrilateral in shape, and on palpation showed fluctuation. The patella was elevated, freely movable, and pushed a little downwards.

While under ether, extension by Dr. Buck's method was applied. Everything went on well, and on the 25th inst. extension was left off, but so much pain was complained of in the femur that it was re-applied.

On Dec. 2d, the apparatus was removed for the second time. Union appears firm at both joints. There is no pain in leg. Swelling of knee-joint has entirely subsided, leaving it somewhat stiff. By measurement, there is no shortening.

On Dec. 20th, use of knee-joint is reported good, passive motion having been exercised since Dec. 2d. The joint is a little broad and thickened. On examination of the upper fracture, there is a very slight callus felt. No shortening. Was discharged, Jan. 20th, 1867, well.

*Remarks.*—The points of interest in this case are, the occurrence of a fracture of the femur in two places (which is rare), and the rapid recovery without stiffness of the knee-joint.

**CASE II.**—L. R., 13 years of age, a native of Boston, though of Portuguese parents, entered the Hospital, with a tumor in the right

infra-clavicular region, of three years' duration. This has grown slowly and painlessly. On examination, the tumor extends from the third rib up to and beneath the clavicle of right side in its long diameter, and laterally from the axilla to within an inch of the median line. It is firm and elastic to the touch; the skin in some places is freely movable over the tumor, in others it seems to be adherent, and in one place near the axilla is a faint reddish spot. The clavicle is not apparently implicated in the growth, being distant from it, and freely movable. A prolongation from the tumor appears to go beneath the bone. On palpation, no thrill is transmitted to the hand. On auscultation, the ear discerns a pulsation; this, however, seems to be transmitted from the subclavian or axillary artery, which is covered over by the tumor, rather than from any sound due to the growth. The tumor does not extend into the neck. General appearance that of cachexia, though reports general health good.

On the 16th inst. a consultation was held, and it was decided to operate on the growth (the nature of which was supposed to be probably malignant). This was done on the following day by Dr. Cabot, in the presence of the students. The first incision was carried through the skin and subcutaneous cellular tissue; this latter was found hard and brawny, and adherent to the growth beneath. Fluctuation was now felt by the finger, and the bistoury being plunged into the mass, a large quantity of pus (roughly estimated at eight ounces) was evacuated.

The only dressings used were poultices in the early part to promote suppuration, and subsequently the introduction of lint tampons to make the wound granulate from the bottom. The patient did well, and on Dec. 3d was discharged from the Hospital, with directions to report as an out-patient. At that time the wound had not entirely healed up, the adjacent hardness was subsiding, and suppuration was diminishing. The last time she was seen (Jan. 11th, 1867), the abscess was much smaller and softer, and was evidently closing up from the bottom. The depth was then about one inch.

*Remarks.*—This case is interesting from the fact of a hard mass coming on as a free, movable tumor on the border of the muscle in a cachectic person; its increasing size; the incorporation of itself with the tissues round it; from its not approaching the surface for so long a time; from its producing adhesion, like malignant growths, between the deep and superficial layers; and from the deep fluctuation being obscured by the hardened, super-imposed tissues causing it to resemble a soft solid. These, taken in connection with the sallow skin, &c., led to the belief in a malignant growth.

*CASE III.—Strangulated Hernia. Operation. Recovery.*—E. C., native of Ireland, married, 35 years of age, was admitted into the Massachusetts General Hospital with an irreducible hernia of three days' duration. Her general health is poor. Comes from a phthi-

sical family; she herself has been subject to cough, with expectoration, but without blood, until the morning of entrance, when the sputa were tinged with blood, and have continued so ever since.

On Nov. 24th, after a violent fit of coughing, noticed for first time a swelling in the right groin, which was painful, and could not be returned. At 5, P.M., of the 26th inst., was seen by a physician, who, having brought the patient under the influence of chloroform, made very thorough and persevering, though unsuccessful attempts to reduce the hernia by taxis. Previous to taking chloroform vomiting was present, whether stercoraceous or not, patient was unable to say. Has not vomited since evening of 26th inst. Bowels have always been regular. On the 24th, had one natural dejection. On the 25th, supposing pain in bowels to arise from colic, took castor oil, which she vomited up on the 26th. Had several small, loose dejections during 25th and 26th. Catamenia regular. Pulse 100, weak, rapid. Expression, one of weakness and dejection.

The tumor was of the size of a goose's egg, soft and excessively painful to the touch, and overlapped Poupart's ligament. At upper portion is a redness, as though violent attempts had been made to reduce the tumor.

Patient was etherized, and an incision made in the largest diameter of the tumor. The septum crurali was adherent to the outer surface of the sac, so that when the sac was opened, the two were cut together. On opening the sac, a somewhat turbid fluid (about half an ounce in quantity) flowed from it. The walls of the sac were apparently adherent to the septum crurali, and at the upper portion was an ecchymosed mass between the septum crurali and the hernial sac. The hernial protrusion was of intestine of the size of the tip of the forefinger, and somewhat dark. A director was passed between the hernia and the ring, and a slight incision allowed its reduction. Two superficial arteries were tied. The wound was brought together by four sutures. Compression with sponges and a spica bandage was employed, and the thigh was kept flexed upon the body.

On the 29th, there was much pain, hardness and redness round and above the wound. Had one constipated dejection (without medicine) yesterday. Wound discharging an ichorous, offensive matter. Appetite and sleep poor. Pulse weak. Appearance exhausted. Yeast poultice was applied, with relief.

Dec. 1st.—All the sutures and ligatures were withdrawn. Improved in all respects. Has a dejection almost daily.

Dec. 6th.—Wound suppurating healthy pus in moderate quantity. Hardness of edges disappearing. The hardness above edges of wound, mentioned on Nov. 29th, proves to have been an abscess, which has discharged itself spontaneously by a separate opening. Bowels not moved since 1st inst. Was ordered *ol. ricini*, 3 ij., which operated in the evening.

From this time up to the date of her discharge (Dec. 14th), the patient did well. No further descent of the hernia has occurred. Bowels are moved regularly every second day without medicine.

*Remarks.*—In the first place, we notice that the bowels acted, although slightly, throughout the entire course of the disease; and, in the next place, we notice that the nausea and vomiting, symptoms usually prominent, were in this case but slightly marked; still, in spite of that, there yet remained sufficient evidence of strangulated hernia, and the operation showed the importance of immediate interference. The amount of force requisite for taxis had probably altered the condition of things in this region, and in all likelihood had been the cause of the ecchymosis and the adhesion between the septum crurali and the hernial sac.

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## ON THE MODES OF ADMINISTRATION OF SYSTEMIC ANÆSTHETICS.

By EPHRAIM CUTTER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

SINCE the admirable discovery by Dr. B. W. Richardson of the generally certain and speedy production of *local* anæsthesia by the cold induced from nebulization of volatile substances, it must be confessed that the field for the induction of *systemic* anæsthesia by inhalation has been narrowed. Indeed, the performance of such a capital operation as the Cæsarian section painlessly by Dr. R.'s method, ranks the process as one of the most brilliant of modern inventions, whether we consider either the brief amount of time employed, the minimum of chemical reagents used, or the maximum of directness of application accomplished. Still, the day has not yet arrived when the use of anæsthetics by inhalation has ceased, even among those who give a high place to the production of anæsthesia by cold.

Acting on this view, the writer begs leave to call attention to the following, not as setting forth anything *both* new and established, nor yet for approval or condemnation, but as simply an endeavor in a direction calculated, at some time, to produce the maximum of ease and perfection in the administration of anæsthetics to the whole system.

Probably the simplest and best method of administering anæsthetics, at present ordinarily employed, is to pour on a napkin or towel folded into an oblong compress, about nine by five inches, a small, immeasured quantity of the anæsthetic liquid; then, placing it over the mouth and nostrils of the patient, allow him to inhale the air which, getting in between the napkin and the face, becomes charged with the vapor of the anæsthetic, and bears it into the pulmonary mucous membrane. When the charge is exhausted by evaporation, it is renewed by simply removing the cloth and pouring on a fresh amount of the liquid, and so on till the sleep of oblivion results.

Into this procedure enter the following articles and acts, taking ether as a type of anæsthetics:—*Articles*: (1) a napkin or towel; (2) ether in a reservoir; (3) ether poured out and evaporated on (1) the napkin. *Acts*: (1) preparing the napkin; (2) pouring the ether on to the napkin, repeatedly; (3) evaporation of the ether from both sides of the cloth, the greater proportion of which is unused and consequently wasted; (4) a contamination of the atmosphere of the apartment; (5) partial disturbance of operators and assistants by the odor of the ether; (6) contact of the liquid ether with the patient's face, causing unpleasant coldness, smarting, and sometimes (by chloroform) excoriation. The advantages of this procedure are the small number of necessary appliances, the universal presence of the towel or napkin in civilized society, and the great facility with which the administration is managed. It would seem that no similar procedure could be simpler and more admirable. Perhaps it is not best to try to improve upon this. However, the following subjective experiment is offered as a tentative one.

In July, 1865, the writer was suffering under an ague of the face caused by taking cold in the second upper right molar tooth, which was carious. Seeking relief, he procured a bottle partially filled with ether, and then reclined on his back on a sofa. It was a very natural act to apply the unstoppered orifice of the bottle to the mouth and to inhale the vapor therefrom, which easily accomplished speedy relief. Satisfied with the facility of the performance, the writer was led to inquire closely as to the features of the act. It was found that the bottle was a common white-glass pint-bottle, with a ground-glass stopper—diameter of outside orifice about three fourths of an inch—that the upper lip was so applied to the outer part of the orifice of the bottle as to cover one half of the opening. The inspired air entered through the uncovered half of the orifice, part of it passed into the mouth beneath the lip, and another part proceeded down into the reservoir far enough to partake of the vapor of the ether in quantity sufficient to produce anæsthesia.

In this procedure the articles and acts were: (1) liquid and aëri-form ether in a reservoir, and the patient; (2) *Acts* (*a*), extension of the upper lip over one half of the unstoppered orifice of the reservoir; (*b*) inspiration; (*c*) evaporation of ether, without waste, from a liquid surface. Compared with the procedure first adduced, it will be seen that one article was employed instead of three; that the acts discarded all pouring, all waste by evaporation, all physical contact of the anæsthetic liquid with the person of the patient, and all the procedures in relation to a napkin. In this place, it is queried which of the two methods is the simpler.

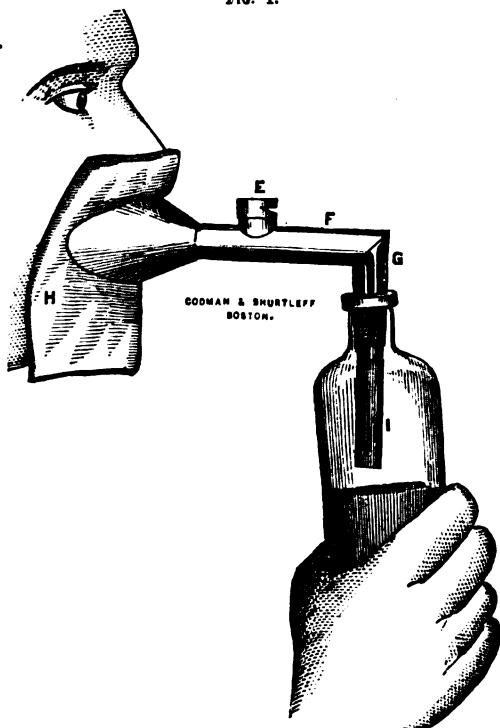
The next step in the writer's mind was to adapt the above subjective method to objective use. It was very evident that it would be impossible to cause patients to practise the bottle method. It appeared necessary only to have a tube penetrate into the reservoir

towards, not below, the surface of the liquid—something that would hold its place and not get out of order. After many trials, the simple expedient was employed of dropping into the orifice of the bottle the fluted tube of an ordinary apothecary's tunnel. The conical form easily adapts itself to the orifice and allows of its employment in different orifices of varying sizes—thus not confining its employment to the same reservoir. The longitudinal corrugations, with the parietes of the orifice of the reservoir, form channels whereby the air finds ingress whenever an inhalation is practised through the tube.

FIG. 1.

The projecting portion of the tube is bent at a right angle for convenience of administration and to prevent its slipping inside, should a very large orifice happen to be employed. In fact, a right-angled tube, half an inch in diameter, without corrugations, may answer the indications—the bend not permitting the tube to slip into the bottle.

It is not necessary that the reservoir should be cylindrical and monostomatous. It may have a polygonal, cubical or conical shape, and have more than one orifice. Indeed, in the method suggested, the one orifice is divided into two. The air should pass into the reservoir, impinge upon the surface of the anæsthetic, become charged with the vapor, and then pass off, to be succeeded



*Bottle Apparatus.*—H, napkin. E, valve of egress of breath. F, valve of ingress. G, corrugated tube, terminated by cylindrical tube of two parts, capable of being drawn out like a telescope, so as to keep within a given distance of the surface of the anæsthetic. I, reservoir containing anæsthetic.

by a fresh current of air, ready to take up its quantity of vapor, in the same manner as the little buckets in an "elevator" follow each other loaded with grain. The inspired air is thus constantly and successively charged with nearly a given amount of vapor, for in the cylindrical reservoir the exposed evaporating surface of the anæsthetic is the same until the uneven surface of the bottom of the reservoir is reached. This remark would not apply when a very large reservoir is employed. A difficulty here arises in that the expired

air passes directly into the reservoir. This is obviated by attaching to the tube an apparatus with two valves made of India rubber—one of ingress and one of egress. The hard-rubber mouth-piece commonly employed by dentists, attached immediately or mediately by an India rubber tube, renders the apparatus complete for dental operations, and has been satisfactorily used for this purpose.

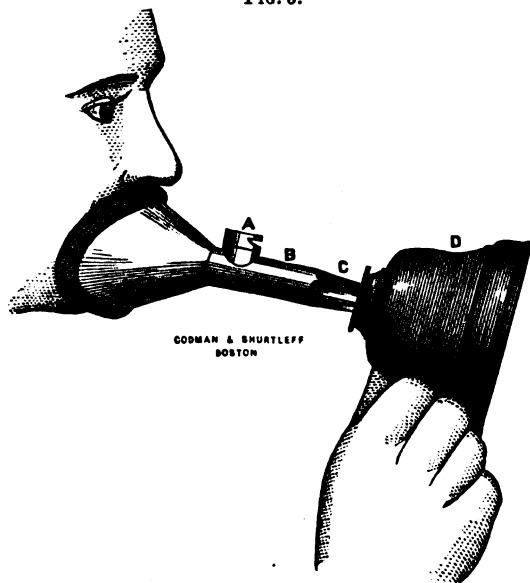
For surgical purposes, mouth-pieces of trimmed iron, provided with valves covered with cloth or felt, or with a perforated napkin, answer the indications. Vide Figs. 1 and 3. In case the nostrils need closing it is easily done by the use of a spring clamp, Fig. 2.

FIG. 2.



Another mouth-piece is made of soft India rubber, covering mouth and nose at once, its flexibility rendering its adaptation to different faces easy. The napkin has the advantage of cleanliness, freshness and neatness for each successive patient. It should be perforated simply by a slit, into which fits the barrel of the inhaler perforating the flange.

FIG. 3.



*Packed inhaler in one piece.*—A, valve of egress. B, valve of ingress. C, fluted tube. D, packed reservoir.

opened, allows of direct fresh air without withdrawing the apparatus from the face.

*Résumé* in relation to the inhaler. *Articles*: (1) anæsthetic liquid in a reservoir; (2) inhaling apparatus; (3) iron clamp; (4) napkin. *Acts*: (1) holding to the mouth of the patient the apparatus. *Advantages*: economy. Fluidrachms have answered the purpose of the ounces ordinarily used, by reducing the waste of evaporation to a minimum. No contact of anæsthetic with face. An approximation

A modified reservoir for the anæsthetic is seen in Fig. 3. It is a conical reservoir, packed with cotton or tow, in order to secure a large evaporating surface. It was suggested by Dr. Robert Ellis's fimbriated inhaler. It has the advantage of being easily laid down when disused. It also can be tilted in any direction and the ether will not escape. In some, Mr. Shurtleff has put (Fig. 1) an opening between the valve, E, and the

to an accurate constant amount of vapor in the air inhaled. *Disadvantage*: the use of a special apparatus not everywhere found. It is admitted that this is the greatest objection to any apparatus, but whether it is not outweighed by the advantages is a question for decision.

*Conclusion.*—If these remarks should afford a missing link in the chain of observation or experiment of any contemporary, or should stimulate inquiry in this direction, the writer will be content. The matter of expense of anæsthetics is almost universally ignored as an ignoble consideration; however, a saving of  $87\frac{1}{2}$  per cent. does seem desirable to the writer. The apparatus is not patented, is made under the writer's direction, and may be obtained at reasonable rates, with all the modifications, of Messrs. Codman & Shurtleff, 13 Tremont Row, Boston.

*Boston, January 17, 1867.*

#### SORE OR EXCORIATED NIPPLES.

[Extracts from an article communicated to the Boston Medical and Surgical Journal, by DANIEL V. FOLTS, M.D.]

“ When fevers burn, or ague freezes,  
Rheumatics gnaw, or colic squeezes,  
Our neighbors' sympathy may ease us  
    Wi' plying moan;  
But thee—thou hell o' a' diseases,  
    Ay mocks our groan.”

IF an aching tooth could thus arouse the Scottish bard to the utterance, if not of “thoughts that breathe,” at least of “words that burn,” I was wondering the other day, when his natal anniversary was being celebrated, what he would have said of the agony of nursing with sore nipples, especially had he been a mater-, instead of a pater-familias! Perhaps no other disease apparently so trifling, and never fatal, has caused a tithe of the sufferings in the lying-in chamber that this has. For centuries the profession has been devising means for its cure. On the shelves of every physician's library are found volumes containing long lists of remedies for this affection. The mineral, the vegetable and animal kingdoms have all been laid under contribution. The salts of silver, of copper, of lead, of zinc and mercury, as well as those of alumina and potassa, have had their advocates. Time would fail to speak of all the washes and lotions—narcotics, emollients and astringents—to say nothing of the unguents, plasters and fomentations that have been employed. And yet so common is this complaint that a distinguished professor in one of our large universities writes, “I am surprised when I hear one of my patients say that she does not suffer from it.” It however affords me pleasure to be able to put it on record that my experience differs from that of the professor—for a very large majority of my lying-in patients, in a practice extending over more than a quarter of a cen-



ture, have been free from this source of suffering. And yet but too often have I been compelled to witness the terrible struggle between bodily pain and maternal affection, when the infant called for its natural food and the mother was attempting to supply it. When the attention of the surgeon was first called to the value of collodion in closing incised wounds and healing abraded surfaces, I thought surely, now we have it! But after having brushed over many an excoriated nipple, thereby adding suffering to misery by the smarting caused by the ether in the compound used, I was compelled to abandon it. For, aside from the pain caused by its application, I found that the artificial cuticle formed was as worthless as the narrow strips of adhesive plaster recommended by Dr. Physick, the power of the original infant pump being usually sufficient in one application to disarrange the whole arrangement. At one time, in common with others of the profession in this city, I had some confidence in "Parker's oil and ventilating nipple shield." In some cases, indeed, it answered a good purpose, but in more it utterly failed, so that of late I have ceased to recommend it. It has always been my opinion that to cure a sore nipple absolute rest of the part was as necessary as to heal an incised wound; and generally, I think, we shall find, as Dr. Gooch has it, that "we are rowing against the stream so long as the cause, viz., the action of the child's mouth in sucking, is renewed at short intervals." To succeed, then, the chapped or excoriated surface should be protected from the friction of the infant's tongue and gums; and this not for a few hours or days even, but until it is healed and covered by sound integument. To fulfil this indication and not wean the child, has hitherto been a task difficult to accomplish. The various shields of wood, metal and glass, with all manner of teats attached, have been called into requisition; and besides those found in the shops, I have had others constructed by skillful mechanics. With these I have sometimes succeeded, but more generally the matter has ended in mortification to myself and disappointment to my patient. \* \* \* \* [Dr. Folts

then speaks of certain other nipple shields which he had found possessed of much merit, but gives the preference to the one described in this article]. It remained for Mr. Kent, a well-known apothecary of this city, in his "Metallic Nipple Shield and Caoutchouc Teat," to supply the long-felt need. This is the only artificial nipple that I have ever used with unvarying success, and so admirably does it answer the purpose that the worst cases of sore nipples have entirely recovered without any local application whatever to the excoriated surface, beyond cleansing the parts and wiping them dry when the shield was removed. Glycerin unguent, or some other emollient application, might in some cases be advisable to soften the skin and promote granulation. Mothers who had suffered untold agony in nursing, and had resorted to all other means in vain, have been at once relieved by this simple appliance. The valvular arrangement is so

simple that it is almost impossible for it to get out of order, and yet so efficient that a few inspirations of the child cause it to adhere so firmly that nursing proceeds much as if no artificial medium were interposed. What the infant thinks of the arrangement, we shall not, perhaps, at present be informed; but the mother says, "blessings on the head of the man who invented it!" I will only add, for the benefit of those who may be so unfortunate as to need this mechanical substitute, and for the information of the profession at large, that T. Metcalf & Co., 39 Tremont St., are the general agents for its sale.

*East Boston, February 7, 1867.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, MARCH 14, 1867.

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### GRADUATING EXERCISES OF HARVARD MEDICAL SCHOOL—ADDRESS OF PROFESSOR AGASSIZ.

THE usual exercises of the graduating class of the Medical School of Harvard University and the conferring of degrees, took place at the Medical College on Wednesday, the 13th inst. The anticipated address from Prof. Agassiz added a special attraction to the occasion, so that the largest lecture-room of the College was crowded to its utmost capacity. After the usual introductory exercises, six of the theses selected from those of the graduating class were read by their respective authors, all of them giving evidence of creditable devotion to their studies, and some of them of decided originality of thought. Medical degrees were conferred upon eighty-two graduates.

Professor Agassiz commenced his address by an apology for presenting himself to his audience without any elaborate preparation. Circumstances had prevented this, but he should do injustice, he said, to the feelings of sympathy towards the Medical School which were felt in the other departments of the University, if he had failed to appear before them. The subject which in such a connection naturally suggested itself to his mind was the application of experimental physiology to medical science. Granting the immense importance of such investigations, he held that they were only justifiable when based on a full appreciation of the identity of plan in the structure of man and the lower animals. He did not dwell on the importance of these investigations, but used them as arguments for a full and thorough study of Comparative Anatomy. Only such a knowledge of this subject as made it evident that there was a similarity in the plan of structure between the lower animals and man could justify such researches. He illustrated his point by reference to the various orders of the animal kingdom, directing attention to those which by their organization made them the most proper objects for experiment, and indicating others, which from the very nature of their vital phenomena could not justify any deductions to phenomena in man. He urged the great importance of studying these peculiarities in animals themselves, not in

books; and incidentally referred to the great advantage to be thus gained in skill in minute dissection and the use of the scalpel.

Prof. Agassiz paid a just tribute to the general scientific attainments of the medical profession, and alluded to the great confidence which as a class they almost universally command; urging it as a motive for the continued pursuit of scientific studies through life, and incidentally paying a tribute to the acknowledged head of the medical profession in Boston at the present time, as showing in his advanced years more intellectual activity than most younger men.

Prof. Agassiz next spoke of the theories of transmutation of species, so popular just now, as a subject naturally associated with the topics he had been discussing. He impressed upon his hearers the importance of considering such questions for themselves, and of not being led away by any doctrines merely because they were popular. In connection with this topic he took occasion to enforce the value and importance of original observations with the microscope. He described in a cursory manner the development of all animal life from the egg, giving an outline of cell-development and transformation, and indicating the classes of animals whose development could thus be studied, either on the seacoast or in the interior. He remarked upon the differences which exist among allied animals of the present day; which, however closely they may approach each other, still retain their original type and never merge into each other, still presenting the same characters as their mummified representatives found in Egypt. He referred, as an interesting fact in this connection, to the much greater changes than the theory of transformation supposes which take place in the different stages of development of animals, but which never lead to a change of type, the same species ultimately always resulting from the same egg; or, if a departure from the type occurs, constituting a monstrosity, which, as all medical men know, is not perpetuated. Prof. Agassiz ascribed the readiness with which the theory which he had been discussing found acceptance at the present day, to the popular ideas about improvement and progress. His discourse was listened to with much interest by the large audience assembled, and was calculated to produce an excellent effect upon those for whose benefit it was specially designed.

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*Massachusetts Medical College.*—The following gentlemen received their degrees from Harvard University on the 13th inst. :—

*Names and Residence.*

Andrews, Joseph, *St. John, N.B.*  
 Barber, Charles Joseph, *Winchester, N.H.*  
 Barteaux, Edward Lawrence, *St. John, N.B.*  
 Blaisdell, George Carr, *Goffstown, N.H.*  
 Blaisdell, Walter Channing, *Boston.*  
 Blake, John Tower, *Providence, R. I.*  
 Boardman, Edward Everett, *Somerville.*  
 Bowen, William Shaw, *Greenwich, R. I.*  
 Bull, George Henry, *Hartford, Ct.*  
 Caldwell, William Minns, *St. John, N. B.*  
 Carleton, Charles Greenleaf, *Haverhill.*  
 Casey, Kitson, *New Brunswick.*  
 Churchill, John Henry, *Boston.*  
 Clarke, William Johnson, *Chester, Vt.*  
 Corbett, Henry Thomas, *Kingston, C. W.*  
 Cornish, Ellis Holmes, *Halifax.*  
 Crawford, John William, *Lawrence.*  
 Denny, James Henry, *Somerville.*

*Thesis.*

Carcinoma of Stomach.  
 Epilepsy.  
 Bright's Disease.  
 Phthisis.  
 Vaccination.  
 Propagation of Epidemics.  
 Cardiac Disease.  
 Osmose.  
 Sexual Excess.  
 Fever.  
 Destructive Metamorphosis.  
 Cholera.  
 Premature Labor.  
 Abortion.  
 Diseases of Aborigines.  
 Phthisis.  
 Uterine Hemorrhage.  
 Mental Toxicology.

*Name and Residence.*

Dodd, Simon Walker, *Charlottetown, P. E. I.*  
 Doherty, Hugh, *Boston*,  
 Draper, Edward Leroy, *Ware*,  
 Fleming, Alexander, *Stanley, N. B.*  
 Fowler, Archibald Campbell,  
 Garvin, Lucius Fayette Clark, *Pawtucket, R. I.*  
 Gleason, Jubal Converse, *Hubbardston*,  
 Hall, Sidney Storrs, *Rosendale, Wis.*  
 Hatch, William Allen, *Waterville, Me.*  
 Heaton, Charles William, *Boston*,  
 Hill, Edward Henry, *Harrison, Me.*  
 Hill, Francis Orman Jonathan Smith, *Newburgh, Me.*  
 Holmes, Thomas Burrus, *Sauk Centre, Minn.*  
 Hosmer, Charles Edward, *Bedford*,  
 Hunt, Moses Nowell, *Danvers*,  
 Jacobs, Thomas Shreve, *Sidney, N. S.*  
 Lewis, Edwin Rufus, *Amherst*,  
 Lewis, John Albert, *Truro, N. S.*  
 McDonald, Matthew, *Boston*,  
 McDonough, James Aloysius, *Boston*,  
 Merrill, Henry Putnam, *Andover, Me.*  
 Moulton, Benjamin Francis, *Lynnfield*,  
 Randall, John Newton, *Decatur, Ill.*  
 Robbins, James Henry, *Calais, Me.*  
 Root, Richmond Barbour, *Byfield*,  
 Scott, Anderson Lemuel, *Boston*,  
 Simpson, Henry Young, *Worcester*,  
 Spaulding, Joseph, *N. Woodstock, Ct.*  
 Squier, Abiram Francis, *Buffalo, N. Y.*  
 Stevens, Edmund Horace, *Boston*,  
 Tabor, James Vaughan, *Stetson, Me.*  
 Townsends, Henry Elmer, *Boston*,  
 Venables, James, Jr., *Halifax, N. S.*  
 Webster, John Calvin, *Wheaton, Ill.*  
 Whitaker, John Birtwistle, *Fall River*,  
 White, Robert, Jr., *Boston*,

Wednesday, March 13, 1867.

*Thesis.*

Vaccination.  
 Syphilis.  
 Phthisis.  
 Abortion.  
 Dysmenorrhœa.  
 Accidental Surgery.  
 Typhoid Fever.  
 Intermittent Fever.  
 Rubeola.  
 Hernia.  
 Phthisis.  
 Typhus Fever.  
 Opium.  
 Direct Causes of Dropsy.  
 Signs of Pregnancy.  
 Opium.  
 Alcohol.  
 Digestion.  
 Principles of Treatment.  
 Diet in Disease.  
 Emotions.  
 Erysipelas.  
 Bright's Disease.  
 Pain.  
 Hygiene.  
 Lead Poisoning.  
 Variola.  
 Diphtheria.  
 Acute Gastritis.  
 Use of Medicine.  
 Liver.  
 Hernia.  
 Scarlatina.  
 Gout.  
 Hysteria.  
 Tobacco.

GEORGE C. SHATTUCK,  
*Dean of the Faculty.*

*Kent's Nipple Shield.*—This article, recommended by Dr. Folts in this week's JOURNAL, seems well calculated to answer the purpose for which is designed. It consists of two parts—a white-metal cap which covers the nipple of the nurse, and an India-rubber nipple which fits over the cap. At the top of the metallic portion is a small hole covered by a delicate rubber valve, which allows the egress of milk but prevents the ingress of air. After one or two pulls, therefore, from the child, the cap is filled with the nipple and milk, and clings fast to the breast by atmospheric pressure. The child draws the milk through the India rubber nipple, while the nurse is entirely protected from the painful tugging and compression which make the act of nursing to a woman with tender nipples little short of agony.

*Boylston Prizes.*—The Boylston Prizes for the current year have been awarded by the Boylston Medical Society—the first to Thomas Dwight, Jr., for an essay on Intercranial Circulation; the second to Frederic R. Sturgis, for an essay on Human Entozoa. The active members of this Society are undergraduates of Harvard Medical School, and it is a very useful organization. The officers for the current year are:—*President*, Samuel A. Green, M.D. *Vice President*,

Frederic R. Sturgis. *Secretary and Treasurer*, William L. Richardson. *Trustees of Prize Fund*, Drs. Samuel Cabot, G. C. Shattuck, J. B. S. Jackson, H. W. Williams, George H. Gay, Charles E. Ware, O. W. Holmes. *Committee on Prize Dissertations*, Drs. Francis Minot, David W. Cheever, Calvin Ellis, W. W. Morland, J. Nelson Borland.

*The Springfield Society for Medical Improvement.* MESSRS. EDITORS,—This is the name of a society which has recently been organized in the city of Springfield, in accordance with the General Statutes made and provided, and which, in the main, is planned after a similar society in Boston. Its organization and objects, &c., are in brief as follows:—*Secretary and Treasurer*, G. S. Stebbins, M.D. *Cabinet Keeper and Librarian*, W. W. Gardner, M.D. *Prudential Committee*, V. L. Owen, M.D., M. Calkins, M.D., S. F. Pomeroy, M.D., A. R. Rice, M.D. The objects of the Society are the cultivation of confidence and good will between the members of the medical profession, the eliciting and imparting of information upon the different branches of medical science, and the establishment of a library and museum of pathological anatomy. There will be written and oral communications, discussions upon the more important medical topics, and a mutual interchange of thoughts and ideas. The members of the Society intend to make it a *live organization*, and will labor for that advancement in medical science which comes only from patient investigation and scientific research.

G. S. STEBBINS, M.D., *Secretary*.

*Springfield, Mass., March 4, 1867.*

*Ovariectomy; Use of the Actual Caution for the Division of the Pedicle.*—The remarkable success which has recently crowned this operation, where the pedicle and the adhesions have been divided by the actual cautery, seems to place the operation of ovariectomy beyond all cavil. The instrument employed by Mr. Baker Brown for this purpose is, as we understand, a wedge-shaped piece of iron, with which the division is accomplished by a sawing motion. In a recent discussion at a meeting of the Royal Medical and Chirurgical Society, as reported in the *London Medical Times and Gazette*—

“Mr. Brown said that whilst giving every credit to Dr. Clay, of Manchester, who had been our pioneer in this operation in this country, credit was due to Professor Clay, of Birmingham, for the introduction of the actual cautery, and he (Mr. Brown) took credit to himself for adapting the actual cautery to the treatment of the pedicle; and by himself and others, as Mr. Samuel Hey, of Leeds, and Mr. Harper, it was found to be peculiarly successful. In his own hands, in less than two years, out of forty-one successive cases since he had used the actual cautery, he had had thirty-six recoveries and only five deaths, and in all those five he had been obliged to use ligatures.

“Dr. H. G. Wright asked whether it had happened in Mr. Brown's experience that so soon as the clamp was loosened the vessels of the scared pedicle burst out bleeding.

“Mr. Brown replied that this had occurred.

“Dr. Wright observed that it appeared that the employment of the actual cautery always implied the occurrence of subsequent hæmorrhage as a possible contingency—a point which Mr. Brown had neglected to mention when speaking of the use of the hot iron for burning through the pedicle.

“Mr. Solly asked what statistics Mr. Brown had obtained, reckoning all cases.

“Mr. Brown said that his results stood at present thus:—Completed cases, 107, with 72 recoveries and 35 deaths; whilst of incomplete cases and partial extirpation, 15 cases, only 3 recovered, and 12 died; and of 10 cases of exploratory incisions, where no further steps were taken, 6 recovered and 4 died; showing 132 cases in all, with 81 recoveries and 51 deaths. Mr. Brown said he

had seen several cases where the second ovary was diseased with cystic growths, and that he had in most of them cut or burnt through the cysts, so as to empty them of their contents, and those cases did well. Mr. Brown was surprised to hear that in cases where the actual cautery was used there had occurred, some weeks afterwards, peritonitis and death; in no one of his cases had there been any bad subsequent results; on the contrary, the patients were well in six or seven days, outside their beds, and made a rapid recovery—much quicker than by other modes of operation. Mr. Brown said he had now abandoned the clamp outside the wound, and either used the actual cautery or the long ligature of Dr. Clay.

“Mr. Philip Harper was very desirous to place upon record his own experience in the use of the actual cautery as a means of dividing the pedicle in ovariectomy. He had had many opportunities of observing its great value, for, in addition to the cases in which he had seen Mr. Baker Brown use it, he had resorted to it many times in his own practice, and the conclusion to which he had arrived was that in a large proportion of cases it was an unfailing means of preventing hæmorrhage, and conducing to the rapid recovery of the patient. He was surprised to hear that Mr. Wells had met with two cases in which, some time subsequently, peritonitis had come on and was imputed to the use of the cautery. It was the first time such effects had been brought to his notice, and he must conclude that they were dependent upon some constitutional peculiarity or accidental circumstance. There were certain points in the use of the cautery which must be prominently brought forward. The character of the pedicle was of great importance. In some cases it was large and thick, and its vessels, though numerous, were moderate in size. In these cases the cautery was *always* efficient. In other cases the pedicle was broad and thin, supplying a tumor of simple secondary multilocular character, and with vessels of medium size. Here the cautery was *generally* efficient. In other cases the tumor was extremely multilocular, colloid or adenoid in type, and the pedicle thin and small, with one or a couple of vessels the size of the femoral or larger, and here the cautery *would not be* efficient. However carefully used, upon the removal of the clamp sharp bleeding arose. In a lady upon whom Mr. Harper operated a year ago, the tumor was of this character, and the pedicle contained one large artery, which poured forth a large stream of blood upon the removal of the clamp. It was seized, a ligature passed around it, tied tightly, and the ends cut off closely. The pedicle was allowed to fall back into the pelvis. The lady made a rapid recovery, and was still in robust health. In another case there was a large artery at each side of the pedicle, which it was necessary to tie separately, and recovery was perfect. Another important point was, that in burning through the pedicle it must be done slowly, and without any sawing or half-cutting movements. The clamp must be removed very slowly, and the cauterized surface should not be touched even with the fingers, but allowed quietly and gently to drop into the pelvis. There were some other points which experience had taught were important, but not equally so with these. Mr. Harper must express his strong conviction that ovariectomists owed a debt of gratitude to Professor Clay for the application of the actual cautery to adhesions, and to Mr. Baker Brown for another advance and applying it to the pedicle. High as was the value to be attached to the simple clamp in certain cases, Mr. Harper believed that the cautery would entirely supersede it in the great majority of cases, and that the more its value was tested, the greater would be the reliance placed upon it, the more rapid and satisfactory the recovery of the patient, and, most important of all, the death ratio after the operation would be materially lessened.

“In reply to Mr. Spencer Wells, Mr. Harper said that he had twice tied vessels after the use of the cautery in eight cases.

“Dr. Routh would not have spoken on the subject but for Dr. Wright's remarks. He had been present now at over 200 cases of ovariectomy, complete or incomplete. He had seen very many operations of Mr. Brown, of Mr. Wells, and other London operators, as well as had operated himself. He must say, therefore, speaking from no small experience, he believed no system was so good and so safe as the actual cautery. An attempt was made to disparage the actual

cautery because ligatures had to be used sometimes in addition. But ligatures were sometimes necessary even when the clamp was adopted. Moreover, what objection could be made to using a small silk or wire ligature where an artery in the pedicle was found very large? Where, however, the arteries were found of the size of the radial or ulnar, the actual cautery quite sufficed; if as large as the femoral, it was safer to apply also a small ligature. No one would think of trusting to actual cautery in an artery as large as the femoral elsewhere. Again, in some cases, as in very fat subjects, it was inadmissible, the fat taking fire on the application of the red-hot iron. Mr. Wells had done well if by the clamp he managed to get his patients convalescent and able to enjoy a chop by the thirteenth or fourteenth day; but if the same result could be obtained on the sixth and seventh when the actual cautery was used this was a better cure. He had never seen or heard of any of those unfortunate results mentioned by Mr. Wells where the actual cautery was used after apparent recovery, and all he could say was that, using the *argumentum ad hominem*, if he had a relative affected with ovarian disease he would insist on the operator using first the actual cautery. Besides, he could conceive that a woman on whom ovariectomy had been performed and the clamp used might suffer in her pregnancy by the impediment in the way of its development offered by a pedicle adherent to the abdominal walls, and in Mr. Wells's case the operation was rendered more difficult, he admitted, by this very adherent pedicle, which would not have been the case if in the first ovariectomy he had used the actual cautery."

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**VITAL STATISTICS OF BOSTON.**  
**FOR THE WEEK ENDING SATURDAY, MARCH 9th, 1867.**  
**DEATHS.**

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	Males.	Females.	Total.
Deaths during the week	41	44	85
Ave. mortality of corresponding weeks for ten years, 1856-1866	42.1	39.4	81.5
Average corrected to increased population	00	00	89.79
Deaths of persons above 90	0	0	0

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NOTICE.—O'G.'s remittance (from abroad) received.

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**COMMUNICATIONS RECEIVED.**—Extract from the Records of the Providence Medical Association.—Review of the Thirtieth Annual Report of the Officers of the Vermont Asylum for the Insane, 1866.

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**BOOKS RECEIVED.**—Action of Medicines in the System. By Frederick William Headland, M.D., &c. Fifth American Edition. Philadelphia: Lindsay & Blakiston. 1867. Price \$3.—Watson's Abridged Synopsis of the Lectures on the Principles and Practice of Physic. By Thomas Watson, M.D., F.R.C.P., &c. With a concise but complete account of the Properties, Uses, Preparations, Doses, &c. (taken from the U. S. Dispensatory) of all the Medicines mentioned in these Lectures, and with other valuable additions. By J. J. Meyer, A.M., M.D. Philadelphia: published by the Author.—The Indigestions or Diseases of the Digestive Organs functionally Treated. By Thomas King Chambers, M.D. Philadelphia: Henry C. Lea.—Inhalations in the Treatment of Diseases of the Respiratory Passages, particularly as effected by the use of Atomized Fluids. By J. M. DaCosta, M.D. Philadelphia: J. B. Lippincott & Co.—Science and Practice of Medicine. By William Aitken, M.D. Edin. Vol. II. Philadelphia: Lindsay & Blakiston. Price \$12.—Report of the Surgeon-General of Massachusetts.

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**DEATHS IN BOSTON** for the week ending Saturday noon, March 9th. 85. Males, 41—Females, 44. Abscess, 1—accident, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 7—cancer, 1—colitis, 1—consumption, 13—convulsions, 1—croup, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 2—eczema, 1—scarlet fever, 3—typhoid fever, 4—hæmorrhage, 1—disease of the heart, 4—infantile disease, 1—disease of the kidneys, 2—congestion of the lungs, 2—inflammation of the lungs, 5—marasmus, 2—old age, 2—paralysis, 1—peritonitis, 1—premature birth, 1—puerperal disease, 2—rheumatism, 1—scrofula, 1—smallpox, 4—unknown, 6—whooping cough, 3.

Under 5 years of age, 30—between 5 and 20 years, 9—between 20 and 40 years, 23—between 40 and 60 years, 14—above 60 years, 9. Born in the United States, 51—Ireland, 16—other places, 16.

## MEDICAL JOURNAL ADVERTISING SHEET.

### MEDICAL DEPARTMENT OF THE UNIVERSITY OF VERMONT, A STATE AGRICULTURAL COLLEGE, BURLINGTON, VT.

The next Annual Course of Lectures in this Institution will commence on the first Thursday in March, and continue sixteen weeks.

#### Faculty.

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EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2038.] Thursday, March 21, 1867. [Vol. LXXVI. No. 7.

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Assafœtida,	4		Lactate of Iron,	1	
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Compound Cal. Plummer's,	3		Valerianate of Quinine,	1	
" " "	1½		" of Zinc,	1	
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Calomel Pills,	2		" of Iron,	2	
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Extract of Rhatany,	2		Diascordium,	2	
Compound Rhubarb,	3		Anderson's Antibilious & Purg.	2	
Compound Colocynth,	3		Extract of Gentian,	2	
Compound Squills,	4		Iodide of Potassium,	2	
Dover Powders,	3		Calcined Magnesia,	2	
Carbonate Iron, Vallett's formula,			Rhubarb,	2	
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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXVI.

THURSDAY, MARCH 21, 1867.

No. 7.

SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL  
HOSPITAL. SERVICE OF DR. S. CABOT.—NO. II.

Reported by Mr. THOMAS DWIGHT, Jr.

[Communicated for the Boston Medical and Surgical Journal.]

*Injury of the Posterior Tibial Nerve.*—Nov. 1st, 1866. P. M., æt. 34, born in Ireland, single, laborer, enters for severe neuralgic pains in the legs. Two weeks ago, he and several others were thrown out of a tip-car, which was overturned. The patient was the last to fall, and the edge of the car caught the back of his left leg, giving it a severe wrench. He worked on the two following days, but then desisted on the account of the pain, which still continues. This pain is in the course of the great sciatic nerve; it is intense at the point of the nerve's exit from the pelvis, and but little less severe at the seat of injury. There is also some pain in the upper part of the corresponding nerve of the right leg.

Nov. 2d.—A blister, four by two inches, was applied back of the great trochanter of the left leg. *R.* Potass. citrat., gr. x., ter die.

4th. The pain above the knee of the left leg has disappeared, but that below continues, and that of the other leg is more severe.

5th.—Blister, four by two inches, over the cauda equina.

6th.—Little pain, except over the seat of injury. Blister, three by two inches, over the painful point.

12th.—There has been a marked improvement. The only pain of importance is in the last-mentioned locality. *R.* Morph. sulph., gr.  $\frac{1}{4}$ ; aquæ, f 3  $\frac{1}{2}$ . M. Inject into the posterior tibial nerve.

15th.—The pain continues. Apply tincture of iodine.

18th.—The pain has increased, and occupies nearly the same positions that it did when the patient was admitted. Inject the same dose of morphia into the trunk of the great sciatic nerve near the pelvis.

19th.—Considerable relief is experienced.

22d.—Omit the citrate of potassium. *R.* Potass. iodid., gr. v., ter die. It is found that since the accident the power of motion has

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been lost in the four lesser toes of the left foot. The patient says the foot feels dead, but is unable to explain his meaning. No diminution of sensibility can be detected.

23d.—An apparatus is applied to keep the leg permanently flexed by bringing the heel near the upper part of the thigh.

26th.—Blister below the popliteal space.

Dec. 3d.—Apparatus removed.

8th.—There has been very little pain. The muscles of the left leg, above and below the knee, are much atrophied and very flaccid, while those of the right leg show little if any change. Apply the galvanic current to the affected muscles for five minutes daily. The muscles respond but feebly. The toes have nearly regained the power of motion.

12th.—Extend the administration of the galvanism to eight minutes.

22d.—The muscles are enlarging. The patient leaves his bed for the first time.

Jan. 5th.—There has been a slow but steady improvement. The pain has entirely ceased. The left foot is somewhat œdematous, and both legs are very weak. The patient can walk but little without crutches. Discharged.

*Remarks.*—It is evident from the symptoms that the diagnosis is, injury of the posterior tibial nerve. The reflection of the pain to the other limb is an interesting point. The atrophy of the muscles of the left leg indicates a great decrease of nervous force, for, excepting the thirteen days that the apparatus was kept on, the movements of this leg were as free as those of the right. As to treatment: The blisters gave speedy but transitory relief. The injection of morphia into the tibial nerve had so little effect that it may be doubted if the nerve was reached. That, however, into the broad trunk of the sciatic had decidedly good results. Flexing the leg on the thigh was perhaps most productive of benefit, but it must be remembered that when this was tried the symptoms were already improving.

*Rupture of the Musculo-Spiral Nerve.*—Nov. 5th. C. S., æt. 24, single, born in Ireland, shoemaker. The patient is a young man of a sallow, unhealthy complexion. He gives the following story. About seven weeks ago, he was holding a pig by the ear with his left hand, his arm resting across the edge of a low board fence. The pig was struggling violently, when suddenly the patient felt a shock, as if he had been struck by a stone, on the outer aspect of the arm, about the insertion of the deltoid. A spasmodic pain shot down the arm, and the hand dropped at the wrist. After a few moments the hand gave a sensation of extreme cold, which continued five or ten minutes. Two or three days later, a spot of ecchymosis appeared on the inner edge of the biceps, opposite the point where the first pain was experienced. The discoloration spread, extending half way

down the ulnar side of the forearm. The limb was swollen for about a week and kept in a sling, any attempt to use it causing a twinge of acute pain along the anterior edge of the radius and on the posterior side of the arm near the ulna. Sensations of heat and numbness occasionally occur. Sensibility is nearly if not quite normal, except over the posterior aspect of the wrist, where it is somewhat diminished. No difference in temperature is observed between the two arms. When the arm is pronated the hand hangs from the wrist; it can be raised by a considerable effort, but not maintained in its normal position. The muscles of the arm are quite flaccid. The symptoms have improved considerably since the accident. The patient sleeps poorly, but says that his health is good.

The forearm is placed in a Bond's splint, so padded that the fingers are raised above the level of the arm. He is directed to keep in the open air as much as possible.

Nov. 15th.—There is some slight improvement, and as there is no reason that the patient should be kept longer in the Hospital he is discharged. The patient presented himself once or twice after his discharge, at intervals of one or two weeks, and the arm was found to be gaining slowly. Unfortunately, the case was ultimately lost sight of.

*Remarks.*—The diagnosis is, partial rupture of the musculo-spiral nerve. The hand, no doubt, at the time of the accident, was firmly flexed on the wrist, that being the position usually assumed when anything is grasped with great force. The position of the arm across the fence tended also to bring the tissues of the upper arm upon the stretch, and the nerve in question being subjected to more strain than it could endure, was lacerated, together with some areolar tissue and small vessels, as shown by the ecchymosis. That this nerve was the musculo-spiral is proved by the fact that the paralysis was confined to the parts supplied by its two chief divisions, the radial and the posterior interosseous. That there was only laceration, and not rupture, is evident from the slight loss of sensation and the persistence of the power of motion in some parts supplied by the nerve.

In this, as in the preceding case, the wasting of muscles from injury to nerves was well marked.

*Fracture of the Base of the Skull. Recovery, with partial Paralysis and some curious mental phenomena.*—Jan. 28th.—C. P., æt. 36, single, lately in the army. The patient, a tall, strong man, but given to drink, was found last night lying on the sidewalk at the foot of a high flight of steps. He bled freely from the nose, mouth and left ear. On admission in the morning there was found a swelling all along the upper part of the right side of the head, but no fracture. Later in the day, a small depression was discovered on the back of the skull, a little to the right of the median line. There is a slight bleeding from the left ear. Pupils much contracted. The patient is very restless, moving and talking continually. Cannot answer ques-



tions rationally. Pulse 60, full and compressible. Let the head be shaved. Apply five leeches over each mastoid process. *R.* Ol. ricini,  $\text{ʒ ij.}$ ; ol. tig.  $\text{ʒ i.}$  M. The struggles of the patient were so violent that but few leeches could be applied, and those were soon thrown off. He complains of pain in the head.

29th.—No dejection. Another cathartic having had no effect, the following was given as an enema: *R.* Ol. ricini,  $\text{ʒ i.}$ ; ol. terebinth.,  $\text{ʒ ij.}$  M. The patient is quiet, but still delirious; rises to empty his bladder, and returns to bed. For diet, water-gruel.

30th.—Becoming quieter. Still bleeding from left ear. Ecchymosis appearing in left upper eyelid. When the right eyelid is raised, the eye is seen as in external strabismus, but it presently regains its normal position. No appetite whatever. Pulse 60. Ice to head.

Feb. 1st.—No strabismus. No bleeding from ear for two days; there has never been any escape of serous fluid. Pulse has slowly fallen to 50.

2d.—Complains of pain in head and throws off the ice. Substitute cloths wrung out in ice-water.

3d.—Pulse from 70 to 80. There is paralysis of lower eyelid, and of the face below it on the left side. The mouth is drawn to the right. Tongue protruded quite evenly.

8th.—There has been and still is considerable inflammation of the conjunctiva of the left eye, probably due to paralysis of lid. The bowels have been moved almost daily by enemata. Patient quiet, but far from rational. Appetite very small. Beef tea. Till now has taken almost no food.

14th.—Gradual improvement, but no marked change. Patient irritable and complaining, but never violent. He has no recollection of the evening of the accident, and his ideas of time are particularly confused. Bread and tea.

17th.—When sleeping both eyes are evenly closed, but when awake he is unable to raise the left lower lid sufficiently to cover the eye. Still dull pain in head. The patient is quite positive that his head is not "level" and that it is not his own; also that his left eye has been removed, and one which he had in his pocket substituted. He is very anxious to smoke, and is allowed to do so.

21st.—The power of hearing, as tested by a watch, is found much diminished in left ear. An attempt was made to test also the sensibility of the face, but as the patient, when touched by the two points of a pair of forceps, often declared that he felt three or four, no reliable results were obtained. His mind is improving steadily; he is quite aware of his own imbecility, but still talks much nonsense.

24th.—Steak and potatoes for dinner. The improvement in his mental condition is perceptible from day to day; there is, however, an "indescribable something" wanting to give him the appearance of sanity.

27th.—For many days the patient has been very importunate to go home to settle business, &c., evidently having something on his mind. There is still a dull pain in the head at times. The facial paralysis is about the same. He is gaining strength rapidly in body and mind. He believes that he has his own head and eye; remembers the night of the accident, and says that he had been drinking but was not intoxicated. His brother, who has seen him frequently, thinks that but for some loss of memory his mind is as good as ever. At his earnest and repeated request he is discharged.

*Remarks.*—The patient doubtless fell from the steps (he remembers being at the top of them), striking on the back and right side of his head, as shown by the depression found in the former and the swelling in the latter situation. The force was transmitted to the left base, which was probably fractured through the middle fossa. The bleeding from nose, ear, and mouth, and ecchymosis of upper lid, leave little doubt of the existence of a fracture of the base; and the nature of the paralysis shows that a part at least of it must have been in the left of the middle fossa. The nerves were doubtless lacerated or interfered with after leaving the brain, but before quitting the skull. The temporary strabismus of the right eye must have been owing to some irritation of the sixth nerve. The mental phenomena were very interesting; for even while complaining bitterly that neither his head nor his eye was his own, the patient was quite aware of the absurdity of most of his conversation, often saying that he felt childish.

The treatment consisted of quiet, cold applications to the head, low diet and the use of powerful purgatives and stimulating enemata.

#### THE TREATMENT OF ENDO-METRITIS BY INTRA-UTERINE SCARIFICATION.

[Extracts from a Paper read before the Norfolk (Mass.) District Medical Society, Nov. 14th, 1866, and communicated for the Boston Medical and Surgical Journal.]

By ERASMUS D. MILLER, M.D., of Dorchester.

THE object of the present essay is not to inquire into the pathology of endo-metritis, nor to discuss special affections resulting from chronic inflammation of the lining membrane of the uterus, to which intra-uterine scarification has proved serviceable, but to set forth concisely the means and method of its accomplishment, and the principles upon which it is based; that a more extended observation may establish, or otherwise, its claim to be regarded not merely as a *new*, but a recognized principle of treatment in uterine surgery.

The means by which it is accomplished is Lallemand's urethrotome, modified by the addition of a probe-point, and an elevation (D) two and a half inches, from the point, about the average length of the cavity of the healthy womb. It consists of a steel tube

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(slightly curved between the point and the elevation), fenestrated on one of its sides, in the distal end of which is an inclined plane. A

knife (D), half an inch long and one sixteenth wide, on the end of a staff, which, when pushed forward, rises on the inclined plane through the fenestra. A sliding knob (B), by which the staff is fixed and the depth of the incision regulated; and a set knob (A), which holds the knife concealed while the instrument is being introduced.

As the necessity of the case requires that the scarificator be passed to the fundus of the uterus, it is to be presumed that those who condemn the common use of the uterine sound, will, for *apparently* more cogent reasons, condemn the former. But, inasmuch as the scarificator and sound are nearly identical in form, and as the use of either requires the same delicacy of touch, and alike definite conception of the relative size and position of the uterus, and as the pain and danger of inflammation consequent upon the use of the one (the knife being always concealed), is no greater than that of the other, the testimony of Dr. West with regard to the sound will apply with equal force to the scarificator. "The introduction of the sound causes some pain, though this is generally by no means severe, and is almost always of short duration; and *in no instance* that has come under my observation have dangerous consequences resulted from its use, though awkwardness and foolhardiness have, I know, done mischief with this, as with almost every instrument that has been ever invented."—WEST *on the Diseases of Women*, p. 28.

As a general rule the passing of the scarificator, other things being equal, will be the most readily and safely effected, in proportion as the uterus retains its normal position, and vice versâ; consequently, if it be deviated or flexed, the first indication will be to reduce it by elevating the fundus, and there to retain it with the cervix resting against the left index finger, along which the instrument is to be guided through the os into the cervical canal. Should its point, as frequently happens, become arrested at the junction of the cervical and uterine canals, the obstruction is not to be overcome with force, but the fundus is to be again elevated, at the same time the scarificator is held gently but steadily between the thumb and finger, against the point of resistance; or the end may be obtained by pressing the *side* of the scarificator with the index finger firmly enough against the wall of the cervical canal to draw the cervix downwards, by which the longitudinal axes of the body and neck are made to correspond; in other words, the crooked canal becomes straight. \* \*

The point of the scarificator having reached the fundus, loosen the set knob, push forward the staff, and having secured it, incise the membrane, by drawing the knife, steadied by the finger, the whole length of the uterine cavity, repeating the operation as many times as the case in the opinion of the operator may require. Occasionally the operation is followed by a free flow of blood, but more commonly it is scanty, continuing for a couple of days and corresponding in quantity to the usual amount of healthy menstruation for a similar period. The pain is slight if the knife is *sharp*; but if dull, is proportionate to the degree of pressure requisite to make the incisions.

\* \* \* \*

Five years have now elapsed since the practice was first adopted, and in the very many instances in which the operation has been performed, I cannot call to mind a single case followed with inflammation to any extent, and in two only has hæmorrhage required interference. I therefore regard the mere incising of the lining membrane of the uterus a safe operation. \* \* \* \*

Scanzoni, West, Tilt, Hodge, and indeed most writers upon uterine therapeutics, speak of depletion by scarification, but limit it to the mouth and neck of the womb. Though the effects of inflammation of the uterine and cervical lining membranes are modified by the anatomical peculiarities of each, yet they are governed by the same laws, and to a great extent are amenable to the same principles of treatment. If depletion by scarification is productive of good in inflammatory affections of the cervical membrane, it is a legitimate inference that depletion by scarification of the lining membrane of the uterus will be followed by a corresponding amelioration of symptoms.

We are taught by writers to believe endo-metritis to be a rare form of disease. In the absence of positive evidence its frequency might be inferred, from the fact that a large proportion of patients refer their ill-health to pregnancy, labor, abortion, interrupted menstruation, &c.; changes affecting far more directly the body of the uterus and its lining membrane, than the cervix and lining membrane of its cavity, and giving rise to amenorrhœa, dysmenorrhœa, menorrhagia, hæmorrhage, &c. \* \* \* \*

An inflammatory condition of the lining membrane causes also an enlargement of the womb, either by deposition of fibrin (usually called hypertrophy), or by arresting involution of the organ after labor or abortion: the increased weight of which causes deviations of various kinds and degree. These, excepting in extreme cases, or sudden dislocation from falls, blows, &c., the pressure of tumors, or distended adjacent organs, are to be regarded as *symptoms* no less than lumbar and hypogastric pains, leucorrhœa, &c., and are to be treated as such. That the severity of symptoms generally depends upon the amount of inflammation, rather than the displacement, is evident from the fact, that if the former is removed, the latter will cause little or no inconvenience; whereas merely retaining the uterus

in its normal position by artificial supports, is at best only a temporary alleviation and in the end a positive injury. In virgins especially should they, as well as the speculum, be ignored, for those cases are rare indeed in which an ordinary degree of tact cannot diagnose by the touch the nature of the disease, and guide the application of remedial means.

Depletion, though the most important, is by no means the sole object to be attained by the treatment now proposed, neither is it intended to exclude other remedies either general or local, but to act in concert with them. \* \* \* \* \*

At a future time I purpose to consider the subject more fully in connection with dysmenorrhœa and sterility.

### Bibliographical Notices.

*Revue des Cours Scientifiques de la France et de l'Etranger*, 29 Septembre, 1866. Art. I.—*Société Médicale de Massachusetts (Etats Unis de l'Amérique du Nord)*. Discours par le Docteur B. E. COTTING. *La Maladie considérée comme faisant partie du plan de la Création*. Traduit de l'Anglais par GASTON GARNIER.

Not many years ago, perhaps a dozen, one of the learned Board of Examiners of the College of Surgeons in London, saw fit to question a candidate from Massachusetts concerning tomahawk wounds, beginning thus:—"If, Mr. —, a man were travelling from Boston to some town in the interior of the State, and an Indian, crouching in the jungle, should throw his tomahawk," &c. The story is told that, some thirty years since, in a certain learned society in the city of Paris, a Report of the Massachusetts General Hospital, having been cited, was pronounced fictitious, the savans present declaring that there was no such place in existence as Massachusetts. We have heard much (at least in our own Legislature and pulpits\*) of the widespread fame and commanding influence of Massachusetts. We are proud of our State Medical Society. But in view of facts like those just cited, if we are lions, let us roar gently.

We have rarely met with the name of the Massachusetts Medical Society in any British or foreign medical literature. Much more seldom have we remarked any reference to its transactions in any French journal; and we do not remember, up to the present time, to have heard that one of its annual discourses had been honored with translation and re-publication in Europe. We therefore congratulate the members of the Society, and Dr. Cotting in particular, upon producing something which has awakened attention, and which has appeared sufficiently interesting and important to deserve the honor of unsolicited translation and publication in one of the foremost scientific, as well as

\* "I verily believe that Massachusetts has put more ideas, and more vital ones, into the civil polity, and daily life, and the general mind of this country, than any other State. \* \* \* It is the force of her ideas, which may be hated, laughed at, out-voted, but yet are invincible and triumphant over all odds."—Rev. Dr. PUTNAM's *Thanksgiving Sermon* for 1866.

the most enlightened and progressive journals of France, and perhaps of Europe.

To what shall we attribute this honor? To the novelty or originality of Dr. Cotting's paper? It may lay claim to both these, but we think these alone are insufficient to account for 'the distinction which has been paid it. May it not be that it declares for the first time *a great truth*, which has been near to many minds upon the ocean of thought, hailed perhaps, like a ship at sea, and passed without any record in the log-book? We believe that it strikes the key-note of what many a Christian thinks or feels to be true, when he strives to reconcile with his conception of a just and merciful God, the terrible doctrine that disease is a cruel punishment for a sin that was never committed. A similar train of thought must have sometimes passed through the brain of the philosophic physician, when, at the bedside, he has been forced to acknowledge that disease was running its allotted course unchecked by the most scientific and approved treatment.

Like all new truth, attacking preconceived notions and established prejudices, it will meet with opposition, it will be discussed. Silence, that privilege of trivialities, will not be accorded to it. Doubtless the translator was sagacious enough to perceive that such would be its effect in France. In the last number of the *Gazeta Medica da Bahia* is a six-columned article upon it in Portuguese; while at home it has lately furnished the topic for an inaugural address of an editor to his readers.

Like all new truth, it will be misinterpreted. It has already been so. The old routinist, the apostle of heroic medicine, and the sanguine believer in new or far-fetched remedies, all exclaim that such views will surely bring the profession into discredit. This is assuredly a mistake, and, if rightly understood, the address certainly dispels any such fears.

Again, if it be truth, we believe it will be found to gain ground by discussion, or even by opposition, as it seems to have done already.

It is our design simply to direct attention to the fact that this Address has been translated, and in no way to discuss the questions involved in it. But perceiving that the Address of Dr. Ellis to the Medical Class of Harvard University has been brought in opposition to it, we are constrained to say that we believe both addresses have been misunderstood. And in proof of this we may be allowed to relate the anecdote, that Dr. Ellis, on descending from the delivery of his address, was congratulated by one of his auditors for having demolished, and by another for having ably sustained, our author's views. The reply was that each had spoken independently, but they were not antagonistic. Still, to those who may be troubled by the passage quoted from Dr. Ellis, "that morbid phenomena are simply perversions of healthy action, and that the two merge into each other by imperceptible gradations," as our Brazilian critic says, "assim como o calor e frio," we will propound a question for their benefit—By what process of "imperceptible gradations" does health merge into a smallpox?\*

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\* If we understand Dr. Cotting aright, he does not speak of "Disorders," but of "Diseases," properly so called. In a foot-note he says:—"For the same reason [the limits of the discourse] idiopathic diseases only (those 'realities' manifested in 'a series of consecutive changes') have been considered. Disorders (irregular or disturbed performance of function) afford equally good illustrations of plan, in the laws which govern them, and in the subsequent restoration from their effects."

The translation is exceedingly well done. We think we perceive in it the work of a philosophic scientist, rather than that of a practising physician. Once or twice it says what Dr. Cotting does *not* say, and occasionally gives undue emphasis to one side, or one phase of an idea. But it must have been a work of no common difficulty for one not thoroughly acquainted with medicine to correctly render this address into a foreign tongue without doing injustice to the author. This, however, has not been the case. And again we would congratulate Dr. Cotting upon finding so able an exponent of his peculiar views, and upon having his name placed upon the roll of the most prominent writers of France and of the world in the pages of the *Revue des Cours Scientifiques*.

The translation has just been re-issued in a pamphlet form by Germer Baillière, of Paris. X.

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*The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age and Advanced Life, considered in their Physiological, Social and Moral Relations.* By WILLIAM ACTON, M.R.C.S., late Surgeon to the Islington Dispensary, and formerly Externe to the Venereal Hospital of Paris, Fellow of the Royal Medical and Chirurgical Society, &c. &c. Second American from the Fourth London Edition. Philadelphia: Lindsay & Blakiston. 1867.

THERE is hardly any man, doctor or layman, who has not seen and lamented the harm done by the small books sent "post paid and hermetically sealed on receipt of price" to young men who notice that their "vision is becoming dim and their fondness for society less." Ricord, when asked how he would classify syphilis, said he should place it among the mental diseases—a classification which would be still more appropriate to spermatorrhœa and its kindred evils, which have remained, to an enormous extent, in the hands of quacks of the worst sort, whose stock in trade is the fright of their patients, simply because medical men of character have abandoned the field to them. At last, however, Mr. Acton has taken hold of the delicate subject, and has succeeded in treating it in a scientific and thoroughly Christian manner. The chapter upon the "Disorders in Childhood" is particularly good, and that it is well worthy the attention of parents as well as of physicians a few extracts may show:—"In a state of health, no sexual impression should ever affect a child's mind or body." "At a very early age the pastimes of the boy and girl diverge; the girls' quieter games are despised, and their society to a considerable extent deserted. This apparent rudeness, often lamented over by anxious parents, may almost be regarded as a provision of nature against possible danger." "Slight signs are sufficient to indicate when a boy has this unfortunate tendency (to sexual precocity). . . . You will see him single out one girl, and evidently derive unusual pleasure, for a boy, in her society; his kindness to her is a little too ardent, and painfully suggestive of a dawning passion. No one can find fault with him. He does nothing wrong. Parents and friends are delighted at his early gentleness and politeness; but if they were wise, they would rather feel profound anxiety, and the boy would be carefully watched and removed from every influence that could possibly excite his slumbering tendencies." Among the exciting causes of this sexual

disposition given by Mr. Acton are, the irritation of the glans penis arising from the collection of smegma under the prepuce; an irritated condition of the bladder, as indicated by incontinence of urine, and the stimulant, often resorted to by the worn-out debauché, of flogging on the nates. As to the chapter on Masturbation in Schools, that can hardly apply to this country, for although the habit does exist to a certain extent, any one who has been a school-boy knows that public sentiment would never tolerate its open indulgence as it does in some of the English and Continental schools. Mr. Acton dwells upon the fact that occasional nocturnal emissions are nothing more than the natural means of relief to the over-crowded seminal vesicles. The relation of what is called clergyman's sore throat to disorders or disturbances of the sexual system, is referred to on page 234.

That the book, as a whole, has met a great want can be seen from the number of editions it has gone through. This want, too, is one felt by all classes, as the subject is really treated in its "physiological, social and moral relations." Clergymen, especially, would be interested in the theological bibliography of continence, on page 56. Would that all our medical books were so well got up with regard to paper and type.

M.

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*Thirtieth Annual Report of the Officers of the Vermont Asylum for the Insane. August, 1866.*

THIS is one of the oldest institutions for the treatment of the insane in New England, and according to the report of the Trustees, the whole number admitted is 3985, and 3492 have been discharged. Of these, 1790 were recovered. They do not, however, measure all the benefits of the asylum by the number *recovered*, but consider the large class that has been made comfortable, relieving friends and communities from anxiety on their account, perhaps preventing "deeds at which humanity shudders," as among the chief advantages it has bestowed on the public.

The hospital buildings receive their supply of water from a source so high as to allow it to flow into the highest rooms. An accident to the main pipe during the coldest winter weather deprived them of water for several days. To guard against a similar inconvenience, an additional pipe from another source has been laid.

From the report of Dr. Wm. H. Rockwell, who has been Superintendent of the Asylum from the beginning, we learn that during the past year there were admitted 161—77 males and 84 females; 148 were discharged—77 males and 71 females: leaving at the end of the year 493 in the asylum. Of those discharged, 58 were recovered; 27 improved; 20 not improved; and 43 died.

This asylum has always received private boarders from other States, and has sustained such a character for honest management and practical success as to keep it well filled with patients. The Doctor says: "It has received many wretched maniacs, whose presence seemed to blight every prospect of happiness while they remained with their families; it has furnished for them a pleasant retreat, where they have enjoyed all the liberty and comforts of which their condition would admit; and last, but not least, it has restored to reason, to their



friends, and usefulness, many who would otherwise have dragged out a miserable existence in a life of incurable insanity."

The Doctor believes insanity increases with civilization and refinement. This may be true. But *real* civilization ought to lead to a well proportioned cultivation of mental and physical powers, to proper restraint in the use of all things, and to the elevation of the whole man in such a manner as to increase his resistance to the influence of disease. Surely an intelligent understanding of physiology, the laws of health, and mental hygiene, to those disposed to follow prudent teachings, should tend to fortify, rather than weaken the brain against attacks of insanity. But in the many temptations to embark in hazardous enterprises; the sudden accumulation and loss of wealth; the strife for office, and in the many trials of disappointment and mortification to which many are subject; in all *these*, he sees sufficient cause for the increase of mental unsoundness in this country.

In regard to the treatment of patients, the Superintendent remarks that physical disease is removed, if possible, by the usual means, and the general health restored; while the great principles of moral treatment are kindness and employment.

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*Reports of the Medical Superintendent of the Provincial Lunatic Asylum, for the years 1863-4-5.*

Although reports of this Institution are written every year, they are published only triennially. Dr. John Waddell, the Superintendent, reports for 1863, that at the beginning of the year the number of patients was 178—97 males and 81 females. During the year there were admitted, 103—57 males and 46 females.

The result of the treatment was, 57 discharged recovered; 8 much improved; 9 improved; 5 unimproved; and 16 died: leaving in the Institution 186—100 males and 86 females.

During the year there was bequeathed to the Asylum the sum of eight thousand and eight hundred dollars by the will of the late Stephen Wiggins, Esq., "for the purpose of adding to the comfort of the inmates." This generous donation, with some others of less amount, was gratefully acknowledged.

Additional accommodations had just been completed and occupied, and considerable repairs were still needed, such as arrangements for heating by steam, to supersede the old, inefficient, and dangerous method; new furniture and additional means for the proper moral treatment by amusements, &c.

By the report of the following year, 1864, we learn that the arrangements for heating by steam were in process of introduction, and that other repairs and improvements of the buildings and farm were advanced, making the Asylum more comfortable and more efficient than ever before.

There were admitted during the year 1864, 102—64 males and 38 females.

The result of treatment was, 36 were discharged, recovered; 4 much improved; 17 improved; 2 unimproved; and 29 died: leaving in the Asylum, at the end of the year, 200—110 males and 90 females.

The report for 1865 is mostly devoted to remarks and suggestions

concerning the laws of admission of patients and their support. One section of the Act providing for the support of lunatics in the Province of New Brunswick reads, "when the real or personal estate of any lunatic or insane person is not more than sufficient to maintain the family of the lunatic, the expenses of the lunatic may be defrayed from the funds of the Asylum." Under this law, which is apt to be pretty liberally construed, the Asylum is crowded with inmates, as it is obliged to receive "subjects of all forms of unsoundness of mind, including idiocy, imbecility, or that caused by epilepsy, general paralysis, delirium tremens, and old age."

The Superintendent remarks that, "one of two things will require to be done; either enlarge the Institution and increase the annual grant for maintenance, or make the law more stringent, that it may exclude some who apply for admission, and compel others, who are now admitted free, to pay a part of the expense of their care."

There were admitted during the year 1865, 96—52 males and 44 females. The result of treatment was, 51 discharged, recovered; 6 much improved; 16 improved; 2 unimproved; and 27 died: leaving 194—103 males and 91 females in the Asylum at the end of the year.

Extensive repairs were in progress to secure the building from decay and to improve its external appearance, and inside make apartments useful which were before unfit to be occupied.

Northampton, March, 1867.

C. K. B.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

DEC. 10th.—*Large ulcerated Tumor in the Stomach; Hæmorrhage from the Bowels; no Symptoms till a few Weeks before Death.* The case was reported by Dr. READ, in whose practice it occurred.

Mrs. —, æt. 42, was 5 feet in height, and weighed 196 pounds two months before her death; her family were noted for their good health and longevity. In one of her confinements she had a very tedious labor with a stillborn child, and flowed nearly to death, but from this condition her convalescence was rapid and entire. She had always enjoyed perfect health, and had never suffered in the slightest degree from nausea, dyspepsia, indigestion, or any affection of the stomach, and always had a good appetite, never having had a day's illness, save at her confinements, previous to the middle of September last, when she returned to the city from the country.

About the time of her return, she began to feel a little discomfort in breathing whenever she quickened her pace or ascended stairs; this gradually increased, but was attributed to her weight, which was some fifteen or twenty pounds greater than the year before. After her decease, it was remembered that she had for some time felt a certain degree of weight and discomfort on first retiring to bed, which soon, however, passed off.

I was called to see her on the 5th of November. She had been

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wakened in the previous night by pain in the abdomen, followed by a diarrhœa, for which, on the supposition that it was a "bilious attack," she had taken a full cathartic dose of sweet tincture of rhubarb, with the result of producing very profuse evacuations. Her respiration was labored and thick. She was ordered a mixture to take, as occasion required, till the diarrhœa was checked, and then to commence a regimen for unfattening.

Nov. 8th.—Under the medicine advised, the diarrhœa abated for about twenty-four hours, when it began again, with great pain and a feeling of great discomfort in the bowels. The evacuations were described as tarry, black, offensive and scybalous. Pulse 80. Coincident with the diarrhœa, pulsation in the carotids was noticed, and her complexion was waxy, and there was a slight œdema of the face, but none of the extremities. For the pain, one fourth of a grain of sulphate of morphia was injected into the left arm, and the following ordered:—Podophyllin, gr. iv. ; leptandrin, gr. xvi. ; iridin, gr. viij. ; pulv. capsic., gr. iv. ; ext. cannab. Ind., gr. viij. M. Ft. pil. viij. One to be taken night and morning till free bilious evacuations should be produced.

9th.—On the next day there had been no evacuation from the bowels, but a great deal of pain, with soreness of the abdomen to the touch. Another injection of morphia, in the same quantity as on the 8th, was made, and an application of warm spirits of turpentine over the bowels.

9, P.M.—No evacuation from the bowels. Pain relieved by turpentine application. Complains very much of noise in her left ear, which is audible two feet from the head. It sounds like the chirping of a bird, or like the sound of the hair-spring of a watch. Urine normal in quantity and color, and gives no trace of albumen. General condition unchanged.

In the course of the night she began to have evacuations, and by the time of the visit on the 10th she had had five or six. In the course of the day began to experience trouble with her vision, and by 9, P.M., when I was again summoned, she had almost complete amaurosis. Dr. Buckingham saw her with me at this visit. She was ordered fifteen drops of the aromatic sulphuric acid once in three hours, with as much concentrated nourishment as she could take, and claret wine and water p. r. n. Before this, no inspection of the evacuations was had, but it was evident that the effect was that of hæmorrhage.

11th.—Refused to take the medicine through the night, and had two evacuations, one of which was almost entirely of blood. She was persuaded to commence the remedy, and after this had but two dejections. Pain in the abdomen continued. No return of her eyesight.

From this time till her death, on the 16th, there was no material change in her condition. She slept but very little, except by means of tincture of opium, of which she took 160 drops before she got under its influence, and then slept seven hours. During this time the pupils, which were completely dilated before, became strongly contracted; the pulse remained at 96, which was about the average. Her urine, which had been scanty for about forty-eight hours, became very profuse, slightly opalescent in appearance, and 1010 in specific gravity. Under the microscope, it showed crystals of oxalate of lime and lithate of ammonia, with a few epithelial scales. The aromatic sulphuric

acid was changed for the following :—*R.* Quinæ sulph., ferri sulph.,  $\text{āā}$   $\text{ʒss}$ . ; acid. sulph. aromat.,  $\text{ʒij}$ . ; syr. aurantii,  $\text{ʒiv}$ . M. Dose, half a teaspoonful once in four hours. Dr. D. H. Storer and Dr. Lewis saw her in consultation, but advised no change in the treatment. Up to the last no œdema of the extremities was noticed, nor did her eyesight return. Her mind remained clear, and she answered questions with perfect intelligence until her death.

The autopsy, conducted by Dr. C. W. Swan, revealed the following :—Adipose tissue over trunk and abdomen more than twice the usual thickness. Omentum a mass of fat. Cavity of pelvis, and in fact the whole abdominal cavity, full of bright golden yellow fat. Heart pale, small, not remarkably soft ; valves normal. Liver, kidneys, and muscle, what was left, all pale. The tumor in the stomach was confined to the anterior parietes, of a regular and flattened oval form, and was sufficiently well defined. It measured six and a half inches in length, four and a half inches in width, and one and a half inches in thickness, and did not approach within three inches of either orifice. The mucous surface over it was the seat of extensive ulcerations ; one of these measured about four by three inches, two others from three fourths to one inch in diameter, and there were others that were quite small. The edges of these ulcers were neither thickened, indurated, nor at all reddened, though the mucous membrane in the neighborhood of some of them was, in the recent state, ecchymosed. The substance of the tumor was fully exposed, so as to form the base of the three largest ulcers ; and the appearance was that of a white, flaccid, tough structure, neither fibrous nor fatty, though, on incision, it seemed to be composed of these two last elements. An incision having been made into it through the serous surface, it seemed to consist of a fatty mass, with no more than the usual amount of fibrous tissue. With regard to position, it was shown to be between the mucous and the muscular coats. The stomach, which was otherwise quite healthy, weighed, since the examination, two pounds two and a half ounces, and a healthy one six and a half ounces. Intestines full of a black tarry substance, without much smell, and resembling disorganized blood. On the left ovary, a cyst about as large as an olive, perfectly transparent and filled with fluid. There was nothing peculiar about the lungs. Under the microscope, fatty degeneration was shown to have taken place to a great extent in all the tissues. No appearance of a malignant character in the tumor.

The ulcerations on the surface of the tumor suggest the query, whether a process similar in kind to that which takes place in the enucleation of uterine tumors, had not begun here ? Whether, if the hæmorrhage had not proved fatal, the whole tumor might not have been turned out of its investing walls, and passed away by digestion in the stomach ? There is, to a certain extent, an analogy between the two kinds of cases, and as we know from observation that in the case of uterine tumors this has taken place, there seems to be nothing in the condition of the case under consideration which would forbid such a result.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, MARCH 21, 1867.
 

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 THE RELATIONS WHICH ELECTRICITY SUSTAINS TO THE CAUSES  
OF DISEASE.

WITHOUT inquiring to what extent electricity enters into the functions of our organization, it is sufficient, we presume, to know that our bodies are conductors of that force, and are susceptible of electrical impressions, to open the question as to the part it may play in pathology.

We have lately received the paper of Dr. Littell, with the caption we have adopted above, read before the American Medical Association, June, 1865. Dr. Littell seems to find in the influence of electrical states and changes about us the key to the greater part of the causation of disease. He says:—"Indeed all the circumstances of structure, arrangement, and action, would naturally lead us to regard the brain and the whole nervous system as an organized apparatus, through the medium of which electricity, modified and restrained by certain laws, is made subservient to the purposes of existence; in other words, as a vital electrical or galvanic machine, by means of which that element, developed in the processes of respiration, digestion and assimilation, is appropriated and distributed in accordance with the wants of animal life." He presently proceeds to cite examples of the influence produced by electric action on the "vital electric or galvanic machine." "The nervous system," he says, "of some susceptible individuals is readily thrown into commotion by an approaching thunder-storm. I have one patient, for many years the victim of an annual catarrh, whose sufferings are always greatly aggravated by the occurrence of thunder and lightning at any time during the paroxysm; and have recently attended another—a singularly intractable case of retinitis occurring in a strumous constitution—in which relapse was almost sure to follow under such circumstances."

In these citations we experience no strain on our credulity. But further on he gives a long list of alleged pernicious effects of electrical disturbances, from the paroxysms of epilepsy to disorders of pregnancy and the induction of abortion. He thinks there is nothing improbable in the hypothesis that changes in the external distribution of electricity, especially when of greater magnitude and longer continuance than usual, may bring about an exhaustion of the nervous energy, and that that impairment of innervation "may be the proximate cause, not only of the exanthemata and most other forms of fever, congestive and otherwise, but also of cholera, diphtheria, influenza, whooping cough, erysipelas, dysentery, the idiopathic phlegmasiæ, &c." In favor of this theory he sets aside the miasmatic hypothesis of the origin of certain diseases. "Not only marsh miasmata and malaria, but the whole tribe of atmospherical miasms, with the protective power of vaccination, and several other long-cherished and widely-adopted opinions, are destined to fall before the more rational theory" which Dr. Littell claims to inculcate. He, however, declares himself "far from supposing that disturbance of the electrical equilibrium is the sole cause of morbid action. Disease, once

induced, has, in some instances, the power of self-propagation; and often originates, moreover, from other causes, operating as well within as without the individual."

Now, we feel obliged to reject much of what we have quoted above as hypothetical and extravagant. And we regret that Dr. Littell has, as we think, so far overshoot the mark, because the tendency of so doing must be to lead the reader to turn aside from the consideration really due to the subject.

For, we hold that there are certain morbid phenomena which can be better explained, probably, as the effect of electrical disturbance than in any other way. And it seems to us that there is really a field open for investigation in this direction. For instance, rheumatic people are often made aware of the approach of an east wind by their painful sensations. Other victims of the same affliction suffer during the dry and stimulating northwester; the one class, we may surmise, being injuriously affected by one kind of electricity, others by its opposite. Sir Henry Holland expresses the opinion that the Sirocco is a current of negative electricity.—(Dr. Littell's paper.) And the southerly wind of this climate, which seems at times to be much like a Sirocco, produces results upon some idiosyncrasies which competent authorities have ascribed to its electrical properties. The chief symptoms are, lassitude; torpor, mental and bodily; vertigo; headache. These often give warning of the coming of the hostile breeze some hours before the weathercock points to the south.

From *à priori* reasoning we should look to certain nervous affections (particularly their exacerbations) as likely to show the influence of the agent in question. But we should hope to see, in investigations of the subject, wide observation, and no hasty generalization.

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WE have received a copy of the *Northwestern Christian Advocate*, a large portion of which is occupied by a most timely, able, and judicious article on the alarmingly prevalent practice of criminal abortion. We welcome this effort as one in the right direction, from the right source—a religious journal; for the newspaper obviously reaches the very readers who now need to be influenced in this matter—the non-professional public; and we are sure that to put a stop to the wholesale "massacre of the innocents," which is bringing to shame American civilization and *Protestantism* (for the Romanists are not guilty of it), it is only needed that the religious conscience of American women should be enlightened and aroused. From a late number of a Western medical journal the cry of "murder" has been sounded, and an almost heart-rending appeal gone forth to all Christian mothers in the land to stay the hand of assassination of their unborn offspring.

In the newspaper above mentioned, "the expressed wishes of eminent physicians of Chicago and elsewhere" are quoted, as if they had given the impulse to the present movement. Quotations are also freely made from the writings of Drs. Hodge, Taylor, Stewart, H. R. Storer, and others. The medical press, generally, has for several years faithfully done its work in exposing the prevalence, the criminality, and the pernicious effects of this sad business; and in its pages may be found all the data our theological journalists and teachers may require in filing their bills of indictment, and addressing their instructions to their readers. Would that we might soon see the batteries of invective opened from

the religious press throughout the country; at the same time that they should banish the scarcely covert advertisements of abortionists from their pages.

*Tribute to the Janitor of the Massachusetts Medical College.*—At the close of the commencement exercises on Wednesday, the graduating class assembled in the Library, and sent for Mr. Andrews. Mr. Blaisdell, speaking in their behalf, made some appropriate and complimentary remarks, and then handed Mr. Andrews fifty dollars, a present from the class. It is pleasant to record this new evidence of the esteem in which the janitor is held by those to whom his obliging disposition and courteous manners have made him as acceptable as to their predecessors.

FROM the Third Annual Report of the Trustees of the City Hospital in Boston, we glean the following statements:—

“The erection of a pavilion for the treatment of *contagious and infectious diseases*, a stable, and autopsy room, coal-shed and fence, and improvement of the grounds as authorized by an order of the City Council dated June 7, 1865, have been completed at an expense within the amount originally appropriated, leaving an unexpended balance in the Treasury of \$1,932.61.

“As the cholera hospital was to be a structure of a cheap and temporary character, it was decided, after consultation, that a wiser policy would be to use the old smallpox hospital for cholera, and erect a more permanent building for cases of smallpox. This has been done, and results in a decided addition to the convenience of the institution; while the expense of altering the old, and the erection of the new building, will be within the appropriation made by the City Council.

“The ophthalmic department, under the charge of Dr. H. W. Williams, has been administered with great success, and has increased much beyond the capacity of our accommodations.

“*Statistical Statement.*—Applications for admittance visited by the Admitting Physician, 1,278; admitted of the above, 961; patients in hospital, Jan. 1, 1866, 117; admitted during the year, 1,432; total number treated during the year, 1,549; discharged, including deaths, 1,386; remaining in Hospital, Dec. 31, 1866, 163. Total number of patients, including out-patients, treated during the year, 4,873. There have been brought to the hospital, accidentally injured, 345. Daily average number of patients in hospital, 128; largest number of patients in hospital at any one time, 166; smallest number of patients in hospital at any one time, 105. The average number of calls from patients in the ophthalmic department is 263 per week, 13,676; the average number of calls from patients in the surgical department is 77 per week, 4,004; the average number of calls from patients in the medical department is 73 per week, 2,868; total number of calls of out-patients, 20,548. Condition of patients discharged.—Recovered, 881; relieved, 288; not relieved, 94; died, 123; total, 1,386.”

The operations for the extraction of cataract have been remarkably successful. For whereas elsewhere to have one failure only in 8 operations has been considered a good result, Dr. Williams had only one in 21.

*Massachusetts General Hospital.*—From the report of Dr. B. S. Shaw, the Resident Physician, to the Board of Trustees of this Institution, we extract the following:—

“Admitted to the hospital from Jan. 1, 1866, to Jan. 1, 1867: patients paying board, 578; paying board part of the time, 45; entirely free, 497. Total, 1120. Discharged during the year—well, 677; much relieved, 82; relieved, 150; not relieved, 50; not treated, 56; dead, 96; insane and eloped, 18. Total,

1129. Number of patients remaining Dec. 31st, 1866, 95. The proportion of deaths to the whole number of results, 8.50 per cent. Number of patients received on account of accidents, 132. Out-patients.—Five thousand six hundred and eight persons have been treated as out-patients, coming to the hospital daily, or as often as was necessary, and receiving advice, surgical attendance, and medicine. Of these, 2996 were medical cases; 2612 were surgical cases. 2623 were males; 2985 were females. 2341 were American; 3267 were foreigners."

FOOLISH people have scarcely a chance of recovery—they must perish. They generally do everything that is wrong and pernicious to please their own passing whims and fancies, and often look upon the friendly physician, who tries to rescue them from death, as one to be deceived and deluded. I repeat it, such unfortunate people have scarcely a chance of recovery. They have neither the sense to follow the right course when it is pointed out to them, or to grasp the hand of fellowship and sympathy when it is held out; nor will they sacrifice pleasure, money, or ambition to the pursuit of life. Indeed, I consider a weak, vacillating, peevish tone of mind, or an inordinate appreciation of, and clinging to, the enjoyments and possessions of life, to be as unfavorable an element of prognosis as any of those already discussed. Such mental conditions all but certainly preclude recovery, however favorable the case may otherwise be.—Dr. H. BENNET on the Treatment of Pulmonary Consumption, in *London Lancet*.

*Instrument for the removal of Foreign Bodies from the Nasal Passages.*—The instrument consists of six or eight inches of fine wire, bent in the form of a hair-pin; indeed, I have several times used a common hair-pin with very good results, yet a finer unannealed wire is better. The doubled end of the wire should be larger or smaller, to correspond to the size of the nostril of the patient. The patient (usually a small child), seated in a male assistant's lap, with his extremities secured, the surgeon can with a good degree of confidence thrust the bent end of the wire into the nostril above the obstruction, and withdraw it, or partially withdraw it, and in most instances the patient is immediately relieved. If not by the first effort, try again, as the plan is sure to succeed; at least it has always in my hands.

I am of the opinion, the same principle applied to obstructions of the œsophagus might give satisfactory results. The wire should be larger and longer, and the double end should be made to correspond to the size of the orifice. I can see no good reason why this plan might not be resorted to in the absence of other instruments, with a reasonable prospect of success.—Dr. M. H. SHAW, *Buffalo Medical and Surgical Journal*, February, 1867.

*On "Glyconine"—a new Glycerole.*—To obtain this compound, M. Edmond Sichel employs 4 parts (by weight) of yolk of egg, and 5 parts of glycerin, which he mixes simply in a mortar. It has the consistence of liquid honey, and is unctuous like the fatty substances, over which it has the advantage of being easily removed by water. It is unalterable, a specimen having been left exposed to the air for three years with impunity. Applied to the skin, it forms on the surface a varnish, which protects it from the contact of the air. These properties render it serviceable for broken surfaces of all kinds, particularly for burns, erysipelas, and cutaneous affections, in which it soothes the itching, and also for sore nipples; its harmlessness prevents, in the latter case, any interruption of suckling.—*Journal de Pharmacie*, from the *Bulletin de Thérapeutique*.

*Density of Population in New York.*—According to recent calculations, as given by the *Tribune*, the average density of population in New York city is equal to 32,000 per square mile; its 1100 acres of parks, and other open spaces, being included in the estimate. This gives to each person a space twelve yards long by eight wide, in which to live, move and have his being. In the 11th Ward



the density is so great that but sixteen square yards are allowed to each person. The curious in such matters may judge of the close companionship which is enforced in localities where men, women and children are packed at the rate of one hundred and ninety-six thousand to the square mile.

*New York Academy of Medicine.*—At the last meeting of this Society, Dr. W. C. Roberts delivered an eulogium on the life, character and medical attainments of that distinguished physician, the late Dr. Joseph Mather Smith, who, for a long time, was one of the professors of the College of Physicians and Surgeons.

In the Medical Department of the University of Pennsylvania, the class numbered, during the last winter session, 464.

At the Missouri Medical College the degree of M.D. was lately conferred on 21 graduates; the ad-eundem degree on 12 gentlemen, and the honorary degree on Prof. G. C. Swallow.

The Missouri Dental College, at its first annual commencement, conferred the degree of D.D.S. on 10 graduates.

At the St. Louis Medical College, the graduating class, at the twenty-fifth annual commencement on the 1st inst., numbered 53; and ad-eundem degrees were conferred on 4 medical gentlemen.

Nine ladies graduated at the fourth annual commencement of the New York Medical College for Women, on the first inst. Mrs. Lozier, dean of the faculty, gave \$10,000 towards the endowment.

The annual commencement of the Medical Department of the New York University also took place on Friday evening. Seventy-five diplomas were awarded, and eight prizes. The valedictory address was delivered by Professor Draper.

At the late commencement of the Bellevue Hospital Medical College, New York, the medical degree was conferred on 140 members of the graduating class.

At the Medical College of Georgia, Augusta, the graduating class numbered 22. The class in attendance during the session numbered 73.

The New York College of Dentistry, at its first annual commencement, conferred the degree of D.D.S. on 9 graduates.

---

**VITAL STATISTICS OF BOSTON.**  
**FOR THE WEEK ENDING SATURDAY, MARCH 16th, 1867.**  
**DEATHS.**

---

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Deaths during the week - - - - -	26	46	72
Ave. mortality of corresponding weeks for ten years, 1856-1866	36.5	36.2	72.7
Average corrected to increased population - - - - -	00	00	80.39
Deaths of persons above 90 - - - - -	0	0	0

---

**COMMUNICATIONS RECEIVED.**—Cases from Prof. Greene's Clinic in the Medical School of Maine, Session of 1866.—The Fever Thermometer, read before the North Bristol Medical Society.—Eczema in Children.

**BOOKS RECEIVED.**—Medical Register of the District of Columbia, 1867, embracing notices of the Medical, Benevolent and Public Institutions of Washington. By J. M. Toner, M.D. Washington, D. C.: Blanchard & Mohun. 1867.

**DEATHS IN BOSTON** for the week ending Saturday noon, March 16th, 72. Males, 26—Females, 44. Accident, 2—asthma, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 3—cancer, 1—consumption, 17—convulsions, 2—croup, 1—cyanosis, 1—cystitis, 1—diphtheria, 1—dislocation, 1—scarlet fever, 3—typhoid fever, 1—disease of the heart, 1—infantile disease, 4—intemperance, 1—inflammation of the lungs, 5—marasmus, 4—measles, 1—old age, 2—paralysis, 1—premature birth, 1—puerperal disease, 2—scalded, 1—scrofula, 1—smallpox, 2—sore throat, 1—unknown, 3—whooping cough, 2.

Under 5 years of age, 30—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 12—above 60 years, 9. Born in the United States, 49—Ireland, 17—other places, 6.

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" Magnesium, 23.6823	7.6600
" Sodium, 4.0380	—
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EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2039.] Thursday, March 28, 1867. [Vol. LXXVI. No. 8.

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Oct. 16—17.

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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, MARCH 28, 1867.

No. 8.

SUPRA-RENAL MELASMA, OR ADDISON'S DISEASE.

[Read before the Boston Society for Medical Improvement, February 11th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By J. N. BORLAND, M.D.

IN the second volume of Dr. Aitken's work on "The Science and Practice of Medicine," is an article on the above subject, which presents a valuable *résumé* of what is known up to the present time about this rare disease, in which is given the following—

"*Definition.*—A morbid state which establishes itself with extreme insidiousness, whose characteristic features are, anæmia, general languor and debility, and extreme prostration, expressed by loss of muscular power, weakness of pulse, remarkable feebleness of the heart's action, breathlessness upon slight exertion, dimness of sight, functional weakness and irritability of the stomach, and a peculiar uniform discoloration of the skin, which becomes of a brownish olive-green hue, like that of a mulatto, occurring in connection with a certain diseased condition of the supra-renal capsules. The progress of the disease is very slow, extending on an average over one year and a half; but it may be prolonged over four or five. The tendency to death is by asthenia, the heart becoming utterly powerless, as if its natural stimulus, the blood, had ceased to act."

The disease thus defined by Dr. Aitken, was first brought to the notice of the profession very imperfectly by Dr. Addison, under the title of "a remarkable form of anæmia," and an abstract of his remarks before the South London Medical Society, in which he speaks of the anæmia, debility, and diseased condition of the supra-renal capsules, but not referring to a dark discoloration of the skin, was published in the *Medical Gazette*, March 23, 1849, page 518, and later than this in the *Medical Times and Gazette* for December, 1855, and March, 1856, may be found reviews of his then recent monograph on the "Diseases of the Supra-renal Capsules."

Dr. Addison, in this disease, which has since borne his name, recognized and described the peculiar cachexia, the important symptoms of the disease, the connection of *bronzed skin* with the diseased

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capsules, but he imagined that any disease of the capsules would bring about this diseased condition. Subsequent observation has proved this idea not to be true, and it was left for Dr. Wilks, in *Guy's Hospital Reports* for 1862, to define and describe the true pathological characters of the disease, which he has done as follows, stating it to be of one form only, that which Dr. Addison termed "scrofulous." Dr. Wilks says:—"When the disease is recent, the organ is somewhat enlarged, and changed into a material which is semi-translucent, of a gray color, softish, homogeneous, and when examined microscopically is found to be without structure, or sometimes slightly fibrillated, or containing a few abortive nuclei or cells. This lardaceous kind of material is first deposited, and resembles what is often seen in the early stages of scrofulous enlargement of the lymphatic glands; subsequently it undergoes a decay or degeneration as in these glands, and changes into an opaque yellowish substance; and thus the two materials are constantly found associated. At a later period, as in a scrofulous gland, this may soften into a putty-like matter, or it may dry up, leaving the mineral part as a chalky deposit scattered through the organs. These, then, are the changes: first, the deposition of a translucent, softish, homogeneous substance; subsequently the degeneration of this into a yellowish-white opaque matter; and afterwards a softening into a so-called abscess, or drying up into a chalky mass. Occasionally, also, some fibrous tissue may be found among the organs, being the product of an inflammation which has united them to the kidney, liver, and adjacent parts." Some years are necessary for the production of these changes.

The definition which I have quoted above from Aitken seems to me to be very perfect; giving, as it does, a precedence to that condition and class of symptoms which Dr. Addison noticed and considered to be the most important indications of the disease, namely, the asthenia, which is not necessarily accompanied by emaciation, but is expressed by a loss of muscular power, weakness of pulse, feebleness of the heart's action, breathlessness on slight exertion, dimness of sight, functional weakness and irritability of stomach, and, lastly, the bronzing of the skin.

This last condition, owing to its great peculiarity, its so readily attracting the eye, has by many been rated too high in the scale of symptoms, according to its real value, and from Dr. Wilks's article it is evident that Dr. Addison recognized it at its true worth. Discoloration of the skin is but a symptom, interesting when it occurs, varying in amount in different cases, and in some not present at any time in the course of the disease, and, when occurring, coming on at a varying period after the establishment of the more prominent symptoms above enumerated. It is due to a deposition of a layer of pigment in the rete mucosum, the same seat as in the dark races, and is uniformly distributed over the entire surface. Numerous cases

have been described as exhibiting the discoloration in patches, but the peculiarity of patches of deeper color should not lead us from the fact, that the even distribution of color over the surface of the body is the more valuable and the first to be noticed in its diagnostic importance; and also it is to be remembered that those parts where pigment naturally exists become darker than other parts of the skin. When discoloration is well developed, the patient looks like a person of dark or mulatto blood.

That this disease is rare, as I have stated, may be realized from the fact, that when Dr. Addison published his original paper, it contained only five cases that were unmistakable instances, and after a lapse of about seven years, during which the attention of the profession in England had been strongly drawn to the existence of the newly described disease, and many pathological specimens of the supposed diseased capsules had been sent to Dr. Wilks, he published his paper in 1860, and his list of cases comprised only twenty-five, and these included the five originally reported by Dr. Addison. In *Braithwaite's Retrospect of Medicine* I find no allusion to the disease since that time. Here in Boston, although other cases may perhaps have occurred, I have heard only of seven, four of them having been patients at the Massachusetts General Hospital, including one now there, two in private practice, and the one which I now report.

The patient, M. R., was an unmarried girl, 19 years old, born in England, but had been in America the greater part of her life. She was admitted to the Boston City Hospital on the 12th of November last, as convalescent from typhoid fever. She stated that her father died of phthisis; that she had considered herself as generally well, but for the last eighteen months she had not felt as strong as formerly, and had occasionally been troubled by a weak and irritable stomach. Four weeks before her entrance, after being run down by hard work, but not by exposure, she became ill, with nausea and vomiting, some pain in the bowels, and slight diarrhœa, lasting about two weeks; she, however, had neither chill, headache, epistaxis, nor pain in back and limbs. Since this trouble occurred, she had been chilly in the morning and feverish at night.

On entrance, she was confined to her bed, and very weak. On sitting up she felt dizzy, but not when lying down. She had no rose spots. She had slight dry cough, with an occasional expectoration, which she says she has had as long as she remembers. At this time she was under the care of Dr. F. E. Oliver, and having improved in condition, on the 28th of November, after a stay of sixteen days, was discharged as well.

On the 14th day of December last, she re-entered the hospital, coming under my care, and reported that since leaving she had felt very weak and unable to stand long at a time, and sometimes feeling dizzy. Has had some shooting pains in front of chest, and a constant pain below left breast. Slight cough, as for years past, with

some shortness of breath, and a sensation of smothering in her chest, coming on after the exertion of working or talking. Palpitation of the heart, which has existed for the past year, is now worse, coming on frequently without any exciting cause. Frequent headache. No spinal tenderness, nor pain in back. Two spots of episternal tenderness. Slight constipation. Urine free and natural. Catamenia, having been absent for two months, appeared four days before, and disappeared the morning of the day of entrance. Skin is very dusky, which is said by the patient to have been the case previous to the fever.

Attracted by the record of the chronic cough, on seeing her for the first time, the day after her entrance I carefully examined her chest, recording a diminished respiration throughout the whole of the right lung. At the left supra-spinous fossa, occasional obscure crepitus, not persistent. In left subclavian space, harshness of respiration, without crepitus. Nothing abnormal by percussion, and considering that there might be enough of incipient phthisis to account for her condition, I ordered the following:—*R.* Olei morrhue, spts. frumenti, āā ʒ ij.; spts. lavandulæ comp., ʒ ss. *M.* ʒ ss. three times a day.

Dec. 20.—Vomited yesterday afternoon and to-day; is slightly constipated. I suspended the oil mixture, and prescribed *Pil. hydragryri*, gr. x., h. s.; and *pulv. Rochelle*, mane.

On the 22d of December, it never having been my fortune to have met with a case of Addison's disease, I first suspected the true nature of my patient's trouble, my attention being strongly attracted by the contrast between the dusky skin and the pearly eye, and the record is as follows: "Medicines ordered on the 20th produced one free dejection. Patient is now in bed, feeling weak and nauseated, and complaining of headache and debility of stomach. Color of skin is dusky, dark brownish, with still darker patches about lips, forehead, and folds of neck. Sclerotics have a clear, white, pearly, and transparent look. Eyesight is somewhat lessened in power, with occasional spells of dimness and confusion.

Dec. 23d.—Pulse 88, small and compressible. Has vomited this morning, and complains of headache and debility. *R.* *Pulv. ferri*, gr. xx.; *pulv. rhei*, gr. xl.; *ext. gentianæ*, q. s. *M.* *Ft. in pil.* No. xx. One three times daily.

24th.—No vomiting, but nausea and weakness of stomach. Blood, examined by microscope, shows white corpuscles in excess—about three times the normal number. Is constipated. *R.* *Pil. aloes et myrrhæ*, No. ij., h. s., p. r. n.

26th.—Ophthalmoscopic examination, by Dr. Williams, shows some opacity of cornea and congestion of retina.

From this time on, until Feb. 4th, the patient continued to gradually grow worse. Days of comparative comfort would be suddenly interrupted by pains in the stomach, and spells of vomiting. Palpita-

tion of the heart and shortness of breath increased without any apparent cause. There was progressive muscular weakness, felt particularly in the thighs, so that rising from a low seat was difficult; ascending a flight of stairs became almost impossible, and walking the length of the ward was fatiguing, hurrying the heart's action and shortening the breath. The discoloration of the skin steadily deepened, being universal, the dark tone of the face showing out in striking contrast the whiteness of the eyes, and of a remarkably fine set of teeth, while strongly marked patches, of very dark color, on the dull, dusky base, were particularly noticeable at the forehead, lips, the folds of the neck, and loins, over scapulæ, around the umbilicus, and over the fronts of the knees. The areolæ were very dark, and a square patch over the epigastrium marked the position of some formerly applied counter-irritant.

A microscopical examination of the blood, on the 2d of February, showed nearly double the number of white corpuscles seen at the previous examination, on Dec. 24th.

On February 4th, she reported a sleepless night from great pain throughout both hypochondria, and her face was expressive of pain; she could not draw a long breath. Nothing abnormal was heard on such an exploration of the chest as I was able to make without giving her distress. She had some greenish, watery diarrhœa.

Feb. 5th.—Pulse 124, small and feeble. Countenance dusky, exsanguine. Tongue, bright-green coat. Conjunctivæ, for the first time, are faintly tinged with a yellowish-green color; this is but slightly marked. Vomited matters are described as sometimes blackish, at others like "chewed grass." At time of visit, vomiting to amount of half a pint of matter looking like "green pea soup." Bowels open this morning, with bright green matter. Is very weak, and stomach rejects everything.

From this time the patient rapidly sank, the nausea and vomiting resisting all remedies, such as sinapisms to epigastrium, chloroform internally, hydrocyanic acid, creasote, subnitrate of bismuth, cracked ice, brandy and effervescing drinks, &c., and on the 7th of February she died, while I was making my visit, after between three and four days of uncontrollable suffering.

The *autopsy* I made twenty-four hours after death, circumstances so limiting my time that I was only able to examine the contents of the abdomen.

The body was well formed and rounded. Rigor mortis well established. A layer of yellow subcutaneous fat, from one half to three fourths of an inch in thickness, was seen on cutting the abdominal walls. Discoloration of the disease was marked as in life.

The liver was large, and the gall-bladder distended with greenish bile, both appearing normal, as did the spleen and pancreas. In the stomach were a few small spots of dark ecchymosis; no other disease was seen in the alimentary canal. The small intestines were

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pale and distended with gas. The kidneys were both large, but appeared perfectly healthy. After a careful search the left supra-renal capsule could not be found. The right supra-renal capsule was found to be much atrophied. In its body were seen depositions of the semi-translucent, grayish matter described by Dr. Wilks, and in its substance numerous round, distinct masses of yellow, firm, opaque matter, one of which gritted under the edge of the knife, as from chalky deposit. These masses were of varying sizes, from that of a swan shot to that of small size or No. 8 shot.

The uterus and Fallopian tubes were slightly enlarged, and were covered with a superficial, dark, venous congestion. The substance of the uterus and ovaries normal.

This case bears, in two respects in particular, a resemblance to Case No. 23 of Dr. Wilks's series, in the fact that both patients died from prostration after three days' uncontrollable vomiting, and in the fact that one of the capsules could not be found at the autopsy.

With regard to the absence of the capsule, Dr. Wilks says:—"Cases are recorded where no supra-renal capsules existed in the body, and this has already been used as an argument against Addison's conclusions as to their importance in the animal economy. It has, however, never yet fallen to my lot to note their absence, and it being so I am naturally skeptical as to the statement, especially when I have found students at a loss to find them, when the body has been before me, while on a stricter search they have been discovered, mutilated by the act of manipulation, having perhaps previously undergone a softening process from decomposition. If, too, suppuration had existed, the organ would no doubt have been destroyed, for as soon as the abscess had been burst no trace of the organ would be left."

In which way to truly account for not finding the capsule in my case I cannot state; only I can say that careful search was made for it.

The case I have reported has possessed to me a double interest; not merely from being a finely marked instance of this rare disease, as shown by its insidious development, the establishment of the constitutional symptoms, subsequently the pigmentary discoloration, the death by asthenia, and the pathological proof; but also from being one more link in the chain of evidence which proves the integrity of Addison's disease, a matter which has been denied by many eminent men in the profession, who have erred in the same way that Dr. Addison himself did originally, in the supposition that any disease of the capsules, such as tubercle, cancer, and the like, would develop the disease in its course, as defined by Aitken at the head of this paper.

## CASE OF FACIAL PARALYSIS.

[Communicated for the Boston Medical and Surgical Journal.]

By JOHN H. GILMAN, M.D., Lowell.

DECEMBER 10th, 1866.—D. W., aged 39, overseer of a weaving room on the Suffolk Corporation, while inspecting some cloth, observed that he could not close his left eye, and soon after that he had no use of the same side of his face. He directly applied to me to inquire what had befallen him, and, on examination, there was found to be complete paralysis of the portio dura. At this time he did not seem inclined to pursue the treatment advised, and went away.

Dec. 17th.—The patient came to me again, fully prepared to pursue the treatment recommended. He is a man of lymphatic temperament, and somewhat corpulent. The paralysis came on without any obvious cause, unless it resulted from a carious bicuspid tooth in the lower jaw of the paralyzed side. The tooth had been filled with amalgam about a month previously, and it gave him so much pain that he went back with the intention of having it extracted; to this the dentist objected, and drilled a hole in one side of it and destroyed the nerve. After this, the tooth gave more or less uneasiness until about a week before the occurrence of the facial palsy. The tooth was at once extracted, and found to have undergone partial absorption at the root, and emitted a most offensive odor.

*Treatment.*—The patient was advised to abstain from alcoholic stimulants and tobacco, and to partake of less food than usual. He was allowed to pursue his vocation without interruption. Magneto-electricity to be applied daily for three quarters of an hour, by means of Davis and Kidder's machine. Wet sponges were put into the cylindrical excitors, and one was carried over the paralyzed part of the face, and the other was placed behind the left ear during the first half, and behind the right during the last half of each sitting. The orbicularis palpebrarum and the occipito-frontalis responded quickly to the electric stimulus, but the facial muscles did so less sensitively, especially the buccinator, which was quite feeble in its response. A blister was applied behind the left ear. A solution of strychnia was given every three hours during the day. The bowels were acted upon by the compound cathartic pill.

Dec. 20th.—Increased the dose of strychnia to one twelfth of a grain. Applied a blister behind the right ear.

24th.—Can partially cover the eyeball with the lids. Increased the dose of strychnia to one tenth of a grain. Applied a blister behind the left ear.

27th.—Can move the cheek a little, and has occasional twitchings of the muscles. Applied a blister behind the right ear.

30th.—Can meet the lids over the eyeball. The muscles of the face have recovered their power, insomuch that the patient can spit, whistle, and converse without much difficulty.

Jan. 2d, 1867.—Strychnia discontinued. Electricity to be applied every two days. Patient improving.

7th.—Patient has recovered full use of the paralyzed part. Treatment discontinued.

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## ON THE REMOVAL OF FOREIGN BODIES FROM THE ŒSOPHAGUS.

By DAVID RICE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

A NUMBER of years ago, I reported for the Boston Medical and Surgical Journal a new method of removing foreign bodies from the œsophagus. Since that time I have had a number of cases of the lodgment of foreign bodies in the œsophagus, and have never failed of removing them by the method of which I claim the discovery, viz., by the sponge probang. The sponge probang has been used from time immemorial for this purpose, but it is the *peculiar shape of the sponge*, and the method of using it, that I claim as originating with myself. No longer ago than last week, I removed from the œsophagus of a lady, a long piece of bone, which had remained there three days. The bone was about two lines in diameter, and one and a half inches long.

CASE.—Mrs. F., a lady 60 years old, swallowed a piece of bone with some meat, which became lodged in the œsophagus. She sent for me the following day. When I arrived, she said she felt better than on the preceding day, could swallow water, and begged to have any trial for the removal of the foreign body deferred. On the fourth day I was called again, and found her suffering great pain, with extreme difficulty in swallowing even fluids. I immediately introduced my sponge probang, and without the least difficulty succeeded in removing the piece of bone, together with a piece of beef. In fact, I have often removed pieces of bone, beef, needles, &c., in the manner formerly described in your JOURNAL. The instrument I use is a whale-bone probang, small and elastic, in size about the diameter of a pen-holder, or perhaps one eighth of an inch in diameter, curved at the lower end. On the inside of the concavity I fix at the lower extremity a piece of sponge, in the shape of a cone about an inch in length, very sharp at the bottom, and tapering gradually to the base, which is about one half an inch in diameter when dry. The apex of the cone is fixed firmly to the bottom of the probang, about one half being left floating. The base of the cone, being upwards, is cut perfectly square on the top. I apply oil of almonds to the sponge before introducing it. Being very soft, it easily passes by a foreign body lodged in the gullet, and on being withdrawn, the round, flat base can hardly fail of finding and bringing up the foreign body in question. Your readers will observe that it is the peculiar shape of

the sponge that renders success so certain with my sponge probang. The probang and sponge should be well oiled before an introduction is made into the œsophagus.

*Leverett, February, 1867.*

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## Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.  
BY W. H. TRAVER, M.D., SECRETARY.

*Malformation of the Internal Organs of an Infant.*—Dr. MASON reported the case and exhibited the organs.

Mrs. E. L., æt. 34, a native of Ireland, was delivered of her fifth child, Jan. 12th, 1867, after an unusually easy and rapid labor. The child, a female, was well developed, but after gasping a few times died. *Post mortem*, twelve hours after death. Body well formed, except that the neck was very short, and the occiput was broad and flat. The heart occupied its natural position, and was normal. The lungs were two small masses, about three fourths of an inch in diameter, going back of and concealed by the pericardium. In the left thoracic cavity was the stomach, with its greater end towards the apex, which was occupied by two perfect spleens. In the right side of the chest was a liver, joined to the normal one at right angles, and separated from it by a deep groove, containing a gall-bladder and duct, which opened into the duodenum near the normal liver.

The tendinous portion of the diaphragm was wanting, except a narrow antero-posterior band, to which the pericardium was attached. The muscular portion formed a well-marked ridge around the interior of the thorax. The abdominal organs were normal. The brain and skeleton were not examined.

*Tetanus; Recovery.*—Dr. MCGREGOR reported the case.

The patient was a mechanic, aged 36, a resident of Summit Station. In September last he received a lacerated wound of the hand, which was treated with poultices. Dr. McGregor saw him six days after the accident; the wound was unhealed. There was rigidity of the muscles of the neck and jaws, the latter nearly immovable; also spasmodic contraction of the muscles of the arms. Muscles of abdomen drawn in and rigid. The treatment consisted of ice along the spine, inhalation of ether; calomel and opium—eight grains of the former combined with one of the latter—injections of an infusion of tobacco, and injections of the oil of turpentine. The muscles began to relax on the fifth day, and at the end of the ninth day all the symptoms of the disease had disappeared.

*Removal of the Testicle.*—Dr. GROSVENOR reported the case, and exhibited the diseased testicle, removed by Dr. Perry fifteen days previous. The patient was an American, aged 33, a laborer by occupation. He had suffered from orchitis for several years. The testicle commenced to enlarge about one year ago, and continued slowly to increase in size up to the date of the operation, when it weighed twelve and three quarter ounces. The disease proved to be cancerous.



*Inflammation of the Brain ; Death.*—Dr. MORRIS reported the case.

The patient was a mechanic, aged 17 years. Dr. M. first saw him at 3½ o'clock, P.M., on the 19th of November. He complained of severe pain in the head, which was supposed to proceed from disease of the ear, from which there had been a purulent discharge for several years. He had had several similar attacks of pain, &c. Pulse 90; tongue moist and dark. At 7½ o'clock, P.M., of the same day, he was delirious and unconscious. He died on the following morning, thirty hours after the attack.

*Autopsy.*—Bloodvessels of brain injected. The cerebellum contained one and a half ounce of serum. Caries of petrous portion of the temporal bone, with thickening of the periosteum, underneath which was found half a drachm of pus.

*Pericarditis ; Death.*—Dr. ELY reported the case.

The patient, an aged man, died suddenly, after a brief illness. The symptoms in the case were as follows:—Pulse 100, and distinct. Sounds of heart normal. Percussion elicited some dulness over the region of the heart, and at the base of both lungs. Pain in the lungs; breathing labored. Fulness and tenderness in the right hypochondriac and epigastric regions. Appetite good. Legs œdematous.

*Autopsy.*—The heart and pericardium were covered with lymph to the depth of one fourth of an inch. The pericardium contained about a pint of serum. Lungs congested, but otherwise healthy. Liver somewhat enlarged and fatty. Kidneys healthy.

*Strangulation of the Intestines, resulting in Death.*—Dr. CLAPP reported the case.

The patient, a female, aged 62 years, after eating some grapes was attacked with pain in the right iliac region. This occurred in the morning. Dr. Clapp saw her in the evening of the same day. She then had the usual symptoms of strangulated hernia—pain, tenderness, vomiting, hiccough, &c. The following morning the symptoms continued about the same. About a year ago, she had a similar attack of three or four days duration. After this last attack she improved somewhat, sat up, ate some toast and tea, then suddenly grew worse, and died after an illness of four days.

*Autopsy.*—A fibrinous band was found extending from the colon to the rectum, forming a loop, through which the small intestines passed to the extent of five feet, producing complete strangulation. The constricted portion was gangrenous. Other organs healthy.

*Death from Ulceration of the Intestine.*—Dr. COLLINS read a report of a case resulting in death from the above cause, and exhibited the specimen. The patient was a man, aged 33, a clerk by occupation. The autopsy revealed the following conditions of the abdominal viscera. Abdomen greatly distended. The transverse colon was drawn down to the left inguinal region by the omentum, the whole of which was in the hernial sac. No inflammation of the omentum or its surroundings. In the right side, the intestines were bound together by recent lymph, which existed in great quantities around the cœcum, about which there was also considerable liquid matter. In the small intestine, about six inches from the cœcum, was a perforation say half an inch in diameter. On the inside of the intestine, the mucous membrane was ulcerated for about one fourth of an inch around the opening, which was on one side of the ulcer. Other organs healthy.

**Bibliographical Notices.**

*On the Use of Convex and Concave Glasses in Asthenopia.* By EDWARD G. LORING, M.D., Baltimore.\*

ASTHENOPIA, dependent on hypermetropia, and its treatment by convex glasses, is now a familiar subject to all ophthalmologists. Those forms of asthenopia, however, occurring in connection with emmetropia and myopia, are much less understood, and are among the most perplexing maladies that come under observation and treatment.

Dr. Dyer,† of Philadelphia, has proposed a method of treating these cases by a systematic use of glasses, considering that the normal relation existing between the convergence and the accommodation of the eyes is in some manner disturbed, and that there is a want of energy of the ciliary muscle. He prescribes, therefore, for emmetropes a convex, and for myopes a concave glass, to be used at certain definite periods, and for a certain length of time.

After quoting Dr. Dyer's conclusions more fully than above, and testifying to the benefit often derived from this course of treatment, the author of the present article devotes himself to more particularly investigating and explaining the manner in which convex glasses are beneficial in asthenopia of the emmetropic eye.

After first alluding to the relation that exists between the convergence and accommodation of the eyes, he shows that the positive portion of the accommodation is less than it should be in proportion to the negative, so that in a given angle of convergence an undue amount of accommodating power is exerted, and this necessarily at the expense of a certain amount of reserve force, the presence of which is an indispensable condition when action is to be long maintained.

In other words, the ciliary muscle, the agent of accommodation, though it may be able momentarily to contract with its normal force, is unable to maintain the necessary state of contraction for any length of time, and therefore work on near objects, which of course implies continued convergence and accommodation, becomes impossible.

This condition resembles that of hypermetropia in so far that in both cases the ciliary muscle is overtaxed, and convex glasses afford relief, with, however, this important distinction, that in the hypermetropic eye the ciliary muscle is of normal, and often of more than normal strength, but is taxed with an abnormally heavy burden, and therefore needs permanent assistance; whereas, in the case we are considering, the muscle is not originally disproportioned to its burden, but has become so from debility, and the convex glass is to relieve it of a portion of its labor till it can be restored to its original vigor. This is proposed to be done, as already stated, by a systematic and graduated exercise of the muscle while the eye is furnished with a suitable glass.

We must be content with this brief notice of the main purport of Dr. Loring's article. It seems to us that he explains very satisfactorily the conditions of asthenopia connected with emmetropia. The article is written very clearly and compactly, and will be found worthy of a careful perusal. S.

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\* Published in the New York Medical Journal.

† Transactions of American Ophthalmological Society, 1865, p. 28.

*Suture of the Flap after the Extraction of Cataract.* By HENRY W. WILLIAMS, M.D. (Read before the American Ophthalmological Society, June, 1866.)\*

ANY method by which the risks attendant upon the extraction of cataract can be lessened, and the period of convalescence shortened, will be gladly welcomed by the medical profession. Dr. Williams hopes to accomplish this by his method of procedure, which consists in "placing a single point of suture at the apex of the flap of the cornea after extraction of the lens," a very minute straight needle of less than a quarter of an inch in length, and a "single strand of the finest silk" being employed. The suture is said to give rise to no irritation of importance. It is generally removed in a week's time if not sooner come away, but has been allowed to remain a much longer period without any bad result. The extraction is done under ether, and a compressive bandage applied.

There are many advantages claimed for this method: among the most important are, the prevention of prolapse of the iris, the better adaptation and consequent quicker healing of the corneal wound, and the diminished risk from efforts, voluntary or involuntary, on the part of the patient. "In twenty-four cases subjected to this treatment there have been only two failures."

Discussion would seem out of place upon a subject that has already passed from the domain of theory into that of practice. We must await the logic of facts as shown by results. If these latter prove as favorable as they bid fair to in realizing the expectations formed of this operation, Dr. Williams has made a most important addition to the ordinary method of extraction, and is entitled to the thanks of his surgical brethren.

It is interesting to note, in this connection, that the usual operation for extraction of cataract seems in danger of being superseded by Graefe's recent method of extracting through a cut made in the sclerotic. Thus far he has obtained more favorable results by this than by the old method, and we understand his operation is being extensively performed in Germany. S.

## Hospital Reports.

EXTRACTS FROM THE RECORDS OF THE ALBANY CITY HOSPITAL. REPORTED BY G. TRESKATIS, M.D., LATE HOUSE-SURGEON.

*Gun-shot Wound of Left Thigh.* Dr. POMFRET, attending surgeon.—Fanny S., æt. 15 years, born in Albany. Admitted to Hospital March 21st, 1865, in consequence of a pistol wound, which she received accidentally while walking in the street. Dr. Pomfret, on examining the wound, found that there was but one wound at the outer and middle part of the left thigh. The bone was denuded in a perpendicular line from the wound, but the ball could not be found, in spite of the most careful search. A poultice of flaxseed meal was ordered, and anodynes *pro re natâ*. The pulse began to rise after a little while, but the patient passed a comfortable night.

\* Published in the New York Medical Journal.

March 22d.—Fever has set in. Pulse 120, strong. Skin dry and hot; eyes bright. Became delirious in the afternoon. Has not yet passed any water, although she called several times for the vessel. Had a hysterical attack at 5, P.M., followed by several others during the night. Antispasmodics were administered, but without success; was finally quieted by threats. Thigh is somewhat swollen and painful. Passed water in the evening. This state continued till March 25th, when the fever abated and the hysterical attacks ceased. Pulse 120, weak. There is but little pain in the wound; thigh also but little swollen. Poultice continued.

26th.—Fever has ceased. Pulse 100, weak. Wound begins to suppurate; profuse discharge of healthy pus, which seems to form in pockets. Poultice discontinued, and cold-water dressings substituted.

April 1st.—Pus of a sanious, unhealthy character appears if the thigh is pressed upon from the inner side.

4th.—Had rigors in the evening. Pulse 100. Was ordered quinia, gr. i., three times daily.

10th.—Rigors continue in the evening: Pus has assumed a healthy appearance; diminished in quantity.

22d.—Left the Hospital. The wound showed a healthy surface. Rigors had ceased; her general health was also good.

She remained in bed, unable to walk, till the month of August. The wound kept continually open, discharging a moderate quantity of laudable pus. Occasionally inflammation set in, in the neighborhood of the wound, which, however, soon yielded to the proper treatment. At the end of the month, she was able to leave the bed and walk with a cane. The original wound closed up, and two new openings were formed on the posterior surface of the thigh. These openings caused her but little trouble, they being small and discharging only a small quantity of pus at intervals. In the month of October she was able to walk about as usual.

January 8th, 1866.—The ball was found to protrude through one of the openings, and was removed by the patient herself. The ball probably struck the femur without fracturing it, as it was perfectly flattened and concave, as if moulded to a cylindrical body.

*Abdominal Injury; Recovery.* Attending Surgeon, Dr. BOULWARE.—P. S., æt. 28, laborer. Admitted to Hospital June 20th, 1865, with a wound in the right inguinal region of abdomen, which he received from a pocket-knife during an affray in a saloon. The bowels protruded through the aperture. The wound was closed with a wire suture after the hernia had been removed. Opium was prescribed in sufficient quantity to keep the patient quiet.

June 22d.—Patient complains of severe pains. Wound has begun to suppurate; the margins are slightly inflamed; abdomen tender. There is no constitutional disturbance. Patient feels perfectly well otherwise. Opium continued.

After four days the sutures were removed, the wound having united. Pain and tenderness have disappeared. Patient had a natural dejection. He felt so well that he desired to leave his bed, which he was allowed to do after two days. On July 2d he was discharged, having fully recovered.

*Compound Comminuted Fracture of the Skull; Death.* Attending Surgeon, Dr. BOULWARE.—M. L., æt. 19, born in Ireland, Admitted  
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to Hospital July 11th, 1865, at 1, P.M. Was struck on his head by the tackle while engaged on board a vessel in hauling up iron, at 7, A.M. On examination, a compound comminuted fracture of the upper and part of the left parietal bone was discovered. Patient was perfectly rational; pulse 70, strong; right side of body partially paralyzed. The fractured parts were depressed, forming a cup-shaped cavity. A council of the attending surgeons was called, and the operation of trephining resolved upon.

July 12th.—Dr. Boulware removed three small pieces of bone and raised the depressed portion without resorting to the trephine, as it was thought not expedient to remove any more bone. An antiphlogistic regimen was ordered. Cold applications to the head. Patient complains of pain in the neck. Pulse 70, in the evening.

13th.—Patient did not sleep at all during the night. Is very restless; wants to be kept in the semi-erect position. Has had one dejection. Pulse 70.

Patient became delirious July 16th, and died July 19th, having been comatose during the last two days.

A *post-mortem* examination was made July 20th, at 12, M. A large, deep abscess was found, containing about a teacupful of foetid pus, and involving nearly the whole hemisphere. Another smaller abscess was found on the spinal column, extending from the last cervical to the fourth dorsal vertebra.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 28, 1867.

### CLITORIDECTOMY AS A CURE FOR EPILEPSY IN FEMALES.

THE operation of amputation of the clitoris, which Mr. I. Baker Brown has been practising for several years, very frequently, as a means of curing epilepsy, predicated on the theory that this disease is caused by habits of self-abuse in females suffering from this malady, has become a matter of such public notoriety that the medical profession in England is beginning to make itself heard in very decided condemnation of it. It is hardly necessary for us to say that Mr. Brown has under his charge in London a private hospital, known, we believe, as the Surgical Home, which is made the special receptacle of this class of patients, and in which he claims to have had very successful results from his mutilating operation. Dr. Brown has enlisted in his cause the sympathies and coöperation of clergymen and other well-meaning people, who have overstepped the barrier which should properly divide professionals from non-professionals, and have taken up his views and advocated his operation with a zeal which has disgusted the majority of thinking persons. Mr. Brown's opinions have been questioned and his statements of results boldly challenged, until he fairly finds himself at bay before the multitude of his assailants. In a recent discussion by the Obstetrical Society of London, a paper was read by Dr. Tanner on the subject, in which he questioned the soundness of the theory and wisdom of the operation, but diffi-

dently says that he brings forward the subject more as a learner than a teacher. The reading of his paper was followed by remarks by a number of gentlemen—Dr. Williams, Dr. Routh, Dr. Tyler Smith and Dr. Greenhalgh, all more or less decidedly condemning Dr. Brown's practice, and sustaining Dr. Tanner.

It would really seem, if the operation be intended to diminish the sexual appetite which prompts to the vicious practice supposed to be the cause of epilepsy, that such physiological reasoning is of the most superficial character. The clitoris can no more be regarded as the cause of sexual desire than the correlated organ in man. The ovaries are the excitant in the one case as much as the testes are in the other. It would not be strange that the powerful impression produced by such an operation upon the nervous system should weaken for a time the epileptic habit, whether caused or not by the practice to which Mr. Brown attributes it. And if so caused, the necessary suspension of the practice for a time, caused by the operation, would do much towards its permanent abandonment. In either case, it appears to us that other physical means might be tried, less harsh in their character, and as likely to be effectual; to say nothing of moral means which we cannot think would often fail of success, if, as we are told, it is not uncommon for the unfortunate class of whom we are speaking to have fallen into this habit without a proper appreciation of the moral or physical consequences it entails. In a recent article in the London *Lancet*, Dr. Charles West, the distinguished writer on the Diseases of Children, expresses his dissent from Mr. Brown's opinions very emphatically, in a series of propositions which we print below; not without a protest, however, on our part, against the opinion expressed in the second.

"1st. Having for the past twenty-five years seen more of the diseases of children and young persons of both sexes than most members of my profession, and as much as most of the diseases of women at all ages, I believe that masturbation is much rarer in girls and women than in our own sex.

"2d. I believe the injurious *physical* effects of habitual masturbation to be the same as those of excessive sexual indulgence, and no other. The special *physical* harm done by masturbation I believe to be due to the fact that it can be indulged in at a much earlier age than sexual intercourse, and can be practised with much greater frequency.

"3d. But, nevertheless, I have not in the whole of my practice seen convulsions, epilepsy, or idiocy *induced* by masturbation in any child of either sex; a statement, I scarcely need add, widely different from the denial that epileptics or idiots may, and not seldom do, masturbate. Neither have I seen any instance in which hysteria, epilepsy, or insanity in women after puberty was *due* to masturbation as its efficient cause.

"4th. I *know*, and I can appeal with confidence to the knowledge of many members of the medical profession, that of the alleged cures of hysteria, epilepsy, insanity, and other nervous diseases of women by excision of the clitoris, a very large number were not permanent. I further *know* that in several instances, one of which, seen by me in consultation with Mr. Paget, is related at p. 663 of my lectures, very mischievous results have followed it.

"5th. Although the moral questions involved in the practice of masturbation are not strictly within the province of medicine, yet, as the quotation from my lectures, taken apart from the context, may appear to imply that I believe the mind could be restored to its purity by any means which our art might furnish, I must add that I hold no such opinion.

"We too often see the man in whom the desire has outlived the power of performance for the dream to be possible that there is any necessary connection between infirmity of body and purity of mind; and most of your readers do not

need to be reminded that the judgment of the Church as well as the sympathy of all are with the struggle and self-conquest of St. Jerome rather than with the voluntary mutilation of Origen.

"6th. Whilst I believe the removal of the clitoris in cases of hysteria, epilepsy, insanity, and other nervous diseases of women to be a proceeding theoretically based on erroneous physiology, and practically followed by no such results as to warrant its frequent performance, I regard it as completely unjustifiable when done for the alleged relief of dysuria or painful defecation, for the cure of amenorrhœa, or for the mitigation of the symptoms of uterine misplacement or disease.

"7th. I consider that public attempts to excite the attention of non-medical persons, and especially of women, to the subject of self-abuse in the female sex, are likely to injure society, and to bring discredit on the medical profession. I think that such attempts are the more objectionable when associated with a reference to some peculiar mode of treatment and alleged cure practised by one individual.

"8th. I believe that few members of the medical profession will dissent from the opinion that the removal of the clitoris without the cognizance of the patient and her friends, without full explanation of the nature of the proceeding, and without the concurrence of some other practitioner selected by the patient or her friends, is in the highest degree improper, and calls for the strongest reprobation."

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MESSRS. EDITORS,—In the last number of your JOURNAL, the writer of a Bibliographical Notice of a translation of Dr. Cotting's Address before the Massachusetts Medical Society, alludes to an Introductory Address by myself, and expresses a belief that both have been misunderstood.

My meaning has evidently not been fully comprehended by the writer, who says:—"To those who may be troubled by the passage quoted from Dr. Ellis, 'that morbid phenomena are simply perversions of healthy action, and that the two merge into each other by imperceptible gradations,' as our Brazilian critic says, 'assim como o color e frio,' we will propound a question for their benefit—By what process of imperceptible gradations does health merge into a small-pox?"

The answer to his question is very obvious. We have spoken of morbid phenomena as contrasted with healthy action. It has never been said, that the unknown something which excites these morbid phenomena is a simple perversion of health. Visible changes and processes have alone been discussed by me. The question of causes has been left to those who may choose to discuss it.

We can cite no better example of the gradation between healthy and morbid action than that involved in the query put to us. The pustule of smallpox, in which the visible disease culminates, contains no discoverable element which may not be found in any pustule. Pus-corpuscles do not differ in appearance from the white corpuscles of the blood, and are the result of a simple development or growth of pre-existing elements. The gradation is perfect. The characteristic pit is attributable to the distribution of the elements alone.

This view is in no way opposed to that of Dr. Cotting, which is well illustrated by the same example. The invariable sequence of changes which follow the operation of the invisible exciting agent, and the absence of these changes without the last, certainly prove in the most striking manner the existence of a plan or law. It is no accident. We have fortunately been able to protect ourselves by the application of another law which regulates the action of vaccine virus. This is in accordance with my statement, "that the history of man's connection with natural forces shows, that while one law is indestructible, its operation may be changed by the application of other laws, or you may shield yourself from its injurious action; you cannot destroy it."

Yours truly,

C. ELLIS.

*Death of Dr. David Livingstone, the African Missionary and Explorer.*—Official confirmation has been received of the death of this most illustrious of African travellers. His loss will be regretted by all lovers of their fellow-men. To the most truly Christian humanity he united the most untiring zeal as a scientific explorer; and his contributions to the knowledge of that hitherto *terra incognita*, Central Africa, have been the most interesting additions to geographical science in modern times. He was gifted with a rare supply of common sense, which enabled him to adapt his missionary plans to the condition and comprehension of the infantile intellects of benighted Africa. From the report of the British Consul at Zanzibar, furnished to the United States Consul at that place, we learn that his last expedition was—

“An attempt to unite the magnificent discoveries of late years and determine the limits and connections of the three great lakes, which reach from 14 degrees south to 2 degrees north latitude, and flowing to the sea by the Zambesi and Nile at the two extremities, but with an intermediate space as yet unknown. Such was the geographical problem. But Dr. L. had in view to affect the present enormous East African slave trade through pioneering the way which might lead to lawful commerce.

“Dr. Livingstone was last heard of at N'Donde, at the confluence of the Novuma and Niendi. Here he met with kindness, but found the land desolated by slave traders supplying the market of Zanzibar. We have information that he proceeded further west to Mataka, a Miso chief, who gave him presents of cattle and food. From Mitaka to a lake was eight days' march. On crossing a wide water in canoes, they followed the borders of the lake for several days' journey, and then struck inland.

“They were suddenly attacked in a bush country, about 9, A.M., by a band of Maviti. Dr. L. killed the foremost of the attacking party, but was surrounded and cut down by one blow of a battle-axe, which cut half through the neck. Beyond this we have no details, for those who returned were the first to flee. Almost all who stood near Dr. L. were killed, although they seem to have done considerable with their rifles. This happened about six months ago, or about October 25th.

“Only one of the survivors saw Dr. L. fall, but they buried the body at 3, P.M., when the Maviti had gone. They took off all the baggage, and also the upper clothing of the dead body, so that not even a note remains by which to trace the route.

“It is hardly probable that any further particulars will ever be obtained with regard to Dr. Livingstone's death, as the Maviti are a wandering people, and it will be quite impossible to ascertain the particular tribe by whom Dr. L.'s party were attacked.”

---

*Extraordinary Monster.*—The *Atlanta Medical and Surgical Journal* for December, 1866, publishes an account of an extraordinary monstrosity, communicated by Dr. J. K. Hamilton, of Stone Mountain, Ga. The mother was a primipara, and labor came on at the completion of the eighth month of pregnancy. Dr. Hamilton says:—

“I made a vaginal examination, and discovered a case of placenta prævia. The pains were regular and persistent, with slight protrusion of placenta during paroxysms. Considerable hæmorrhage ensued, which was partially controlled by the tampon, cold applications and rest. The labor lasted about two hours: the afterbirth emerged first, and was followed almost immediately by the expulsion of the child.

“The most remarkable feature of the case was: The umbilical cord was attached to the crown of the head, leading directly from the placenta, seeming to permeate the brain, or more probably the inner surface of the scalp. The neck was unusually large, caused probably by an undue supply of vascularity and nervous influence, with a consequent development of tissues surrounding them.



"There was a cleft in the upper lip, constituting simple hare-lip. The abdomen contained a fissure extending from the epigastrium to near the symphysis pubis; hence the child was nearly disemboweled, with apparent obliteration of the umbilicus. The liver and intestines were well developed, and although it exhibited evidences of recent vitality, it came stillborn, owing doubtless to the anomalous attachment of the placenta and cord. The father of the child, during the late war, lost his left forearm in Virginia, it being amputated about six inches below the elbow; the child, also, on the same side, had its forearm off—the stump bearing a great similarity to the arm of the father.

"The assimilation process in this instance, as respects growth and development, was normal, the trunk and limbs being properly proportioned."

*Operations for Extraction of Cataract at the City Hospital.*—The following comment on the Annual Report of the City Hospital, appeared in our issue of March 21st:—

"The operations for the extraction of cataract have been remarkably successful. For whereas elsewhere to have one failure only in 8 operations has been considered a good result, Dr. Williams had only one in 21."

The fact that it has been copied by the daily press of this city, and that we have received information which materially qualifies it, leads us, to avoid further misconstruction, to make the following explanation. To say that one failure in eight operations has elsewhere been considered a good result, does not do justice to the statistics of extraction of the present day, which in 100 cases show 80 of entire, 13 of partial and 7 of non-success. Of these 13, some 10 are rendered cases of entire success by a secondary operation.

In stating that at the City Hospital there had been only one failure in 21 cases, we were misled by the catalogue of 42 operations and 2 failures, and omitted to notice that 8 of the 42 cases were still under treatment, and remained unaccounted for. And, in this connection, we also learn that the general classification of a number of cases under the head of "successful," is objected to by oculists, on the ground that the scientific value of such statistics depends upon their being accompanied by a positive statement of the amount of vision in each particular instance.

*Supra-renal Melasma.*—We are requested to say that any gentlemen who may happen to have had under their care cases of Addison's disease, will confer a favor if they will send an account of their cases and the autopsies, if any, to Dr. Borland, 69 Mt. Vernon St. We hope this request will be heeded, as it is highly desirable to get together all the cases possible of this interesting disease.

*Decrease of Population in France; Notice of it by the Pulpit.*—The eloquent Carmelite preacher, Père Hyacinthe, has been discoursing to large congregations at Notre-Dame on the delicate physiological topic, of the causes of the want of increase in French population and the small numbers of French families. His discourses are said to have excited the most lively interest, and to attract enormous crowds to Notre-Dame.

*American Medical Association.*—The eighteenth annual meeting of the American Medical Association will be held in Cincinnati, on Tuesday, May 7th, 1867, at 11 o'clock, A.M. The following Committees are expected to report:—

On Quarantine, Dr. Wilson Jewell, Pa., Chairman.

- On Ligature of Subclavian Artery, Dr. Willard Parker, N. Y., Chairman.  
 On Progress of Medical Science, Dr. Jerome C. Smith, N. Y., Chairman.  
 On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Mass., Chairman.  
 On Drainage and Sewerage of Cities, &c., Dr. Wilson Jewell, Pa., Chairman.  
 On the Use of Plaster of Paris in Surgery, Dr. J. L. Little, N. Y. Chairman.  
 On Prize Essays, Dr. F. Donaldson, Md., Chairman.  
 On Medical Education, Dr. S. D. Gross, Pa., Chairman.  
 On Medical Literature, Dr. A. C. Post, N. Y., Chairman.  
 On Instruction in Medical Colleges, Dr. Nathan S. Davis, Ill., Chairman.  
 On Rank of Medical Men in the Army, Dr. D. H. Storer, Mass., Chairman.  
 On Rank of Medical Men in the Navy, Dr. W. M. Wood, U.S.N., Chairman.  
 On Insanity, Dr. Isaac Ray, R. I., Chairman.  
 On American Medical Necrology, Dr. C. C. Cox, Md., Chairman.  
 On the Causes of Epidemics, Dr. Thomas Antisell, D. C., Chairman.  
 On Compulsory Vaccination, Dr. A. N. Bell, N. Y., Chairman.  
 On Leakage of Gas-pipes, Dr. J. C. Draper, N. Y., Chairman.  
 On Alcohol and its Relations to Man, Dr. J. W. R. Dunbar, Md., Chairman.  
 On the Various Surgical Operations for the Relief of Defective Vision, Dr. M. A. Pallen, Mo., Chairman.  
 On Local Anæsthesia, Dr. E. Krackowitzer, N. Y., Chairman.  
 On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye, Dr. H. D. Noyes, N. Y., Chairman.  
 On the Comparative Merits of the Different Operations for the Extraction of Vesical Calculi, Dr. B. J. Raphael, N. Y., Chairman.  
 On the Therapeutics of Inhalation, Dr. J. Solis Cohen, Pa., Chairman.  
 On the Deleterious Articles used in Dentistry, Dr. Augustus Mason, Mass., Chairman.  
 On Medical Ethics, Dr. Worthington Hooker, Conn., Chairman.  
 On the Climatology and Epidemics of Maine, Dr. J. C. Weston; of New Hampshire, Dr. P. A. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. Alfred C. Garratt; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. B. H. Catlin; New York, Dr. E. N. Chapman; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Delaware, Dr. — Wood; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harriss; Missouri, Dr. Geo. Engelmann; Alabama, Dr. R. Miller; Texas, Dr. Greenville Dowell; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. W. H. Baker; Michigan, Dr. Abm. Sager; Ohio, Dr. J. W. Russell.  
 Secretaries of all medical organizations are requested to forward lists of their delegates, as soon as elected, to the Permanent Secretary.  
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---

*Climate of Michigan favorable to the Lungs.*—For many years I have been of the opinion that the climate of Michigan, and more especially of the northwestern counties, had a sanative influence upon the respiratory functions; and that opinion has been strengthened by the examination of several thousands of its inhabitants, with special reference to diseases of the lungs. To confirm and establish this opinion, almost beyond a reasonable doubt, I submit the following statistics, copied from the "Report of the Provost Marshal-General of the United States." In the examination of the table of drafted men in all of the loyal States, you will find the number examined to be six hundred and five thousand and forty-five; six thousand, seven hundred and sixty-four were exempted for consumption. Ratio per thousand, 11.18. The ratio of Michigan has been 2.42, the lowest in the list of individual States.—A. PLATT, M.D., in *Grand Rapids Eagle* and *Detroit Review of Medicine and Pharmacy*.

---

*The Gain in the Average Duration of Human Life.*—Dr. C. A. Logan, in his "Report on the Sanitary Relations of the State of Kansas," cites the example of

Geneva, in Switzerland, where an accurate record of the population, births and deaths has been kept for more than three centuries past, or since the year 1560. By a series of historical and statistical compilations, M. Mallet has ascertained that from the year 1560 to the year 1600, the mean duration of the lives of the people was, in round numbers, twenty-one years and two months. During the seventeenth century, the mean life had increased to twenty-five years and nine months; and in 1833, it had reached forty-five years and five months, being nearly double what it was about two centuries before. The result was brought about by a most salutary regulation of the public health, through which much of the former unnecessary sickness was prevented.—*Chicago Medical Examiner*.

*Cause of Cholera*.—A letter dated Munich, January 19th, published in the *Aix la Chapelle Echo*, of January 24, contains the following statement: Professor V. Pettenkofer is back some days from his travels. It is said that he is completely satisfied with the result of his examination of the towns visited by cholera last summer; and his conference with Professors Griesinger, Wunderlich, and the Englishman Macpherson, is said to have led to almost complete agreement of opinion. We hear that the Professor will soon lay his latest results before the Medical Society in a complete shape. At the same time an astonishing observation is conveyed to us from Vienna. Dr. Klob has, with the use of a microscope of from 800 to 1000 magnifying power, discovered in the rice-water evacuations millions of microscopic fungi, which, in appearance, differ little from the ordinary European forms; and that cholera is easily propagated by their means, can scarcely any longer be doubted.—*Brit. Med. Journal*.

*Coal Oil Light*.—We have found, by experience, that the light is greatly improved by adding to the oil one-fourth of its weight of common salt. It makes the light much more brilliant and clear, keeps the wick clean, and prevents smoking.—*St. Louis Medical Reporter*.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 23d, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	34	45	79
Ave mortality of corresponding weeks for ten years, 1856—1866	44.1	39.5	83.6
• Average corrected to increased population	00	00	90.41
Deaths of persons above 90	0	0	0

BOOKS RECEIVED.—Obstetrics; the Science and the Art. By Charles D. Meigs, M.D. Fifth Edition, revised. Philadelphia: Henry C. Lea. 1867.—Practical Dissections. By Richard M. Hodges, M.D. Second Edition, thoroughly revised. Philadelphia: Henry C. Lea. 1867.

DIED.—In Upper Egypt, above Edson on the Nile, Dr. Russell B. Brownell, of Sharon, Ct.—while making the tour of Egypt with a party of American gentlemen.

DEATHS IN BOSTON for the week ending Saturday noon, March 23d, 79. Males, 34—Females, 45. Accident, 1—anæmia, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the bowels, 1—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 1—burns, 1—consumption, 13—convulsions, 2—croup, 1—cyanosis, 1—debility, 1—diarrhoea, 1—diphtheria, 1—dropsy of the brain, 2—dysentery, 2—scarlet fever, 1—typhoid fever, 1—disease of the heart, 1—infantile disease, 2—disease of the kidneys, 3—congestion of the lungs, 1—inflammation of the lungs, 6—marasmus, 2—measles, 3—old age, 1—peritonitis, 2—pleurisy, 2—premature birth, 1—puerperal disease, 3—rheumatism, 1—smallpox, 8—tumor, 1—unknown, 1—whooping cough, 2.

Under 5 years of age, 35—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 12—above 60 years, 9. Born in the United States, 55—Ireland, 15—other places, 9.

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" Magnesium, 23.6828	7.6800
" Sodium, 4.0380	—
" Potassium, 1.2283	1.9200
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EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2040.] Thursday, April 4, 1867. [Vol. LXXVI. No. 9.

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**DR. HEATON**, 2 Exeter Place, Boston, continues to devote special attention to the "Radical Cure of Hernia, or Rupture," in all its forms (including not only reducible Hernia, but those cases heretofore considered irreducible).

He also attends to the Cure of Varicocele, Hydrocele, Strictures, Hemorrhoids, Fistula, &c.

Apr. 6

**ALBANY MEDICAL COLLEGE.**—The next Course of Lectures in this College will commence the first Tuesday in September, and continue sixteen weeks. Fee for course, \$65. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Cliniques held in the College.  
Boarding from \$2.50 to \$3.50 per week.

**ALDEN MARCH, M.D.**, Prof. of Principles and Practice of Surgery.

**JAMES MCNAUGHTON, M.D.**, Prof. of the Theory and Practice of Medicine.

**JAMES H. ARMSBY, M.D.**, Prof. of Descriptive and Surgical Anatomy.

**HOWARD TOWNSEND, M.D.**, Prof. of Materia Medica and Physiology.

**JOHN V. P. QUACKENBUSH, M.D.**, Prof. of Obstetrics and Diseases of Women and Children.

**JACOB S. MOSHER, M.D.**, Prof. of Chemistry and Medical Jurisprudence.

**JACOB S. MOSHER, Reg'r.**

Albany, Dec. 31, 1865. — 11

**DR. CHARLES WARREN'S IMPROVED MEDICATED VAPOR INHALER**—For vaporizing and effectually introducing into the air-passages Inhaling Preparations.

The Inhaler is compact and portable, adapted both to the nostrils and the mouth, and will be found to supply a want long felt by the Profession. Price, \$2.

For sale by

L. J. WILSON,

Druggist, Milford, Mass.  
General Agent.—J. Wilson, Jr. & Co., 138 Washington Street, Boston.

Four different Inhalants are also prepared by Dr. Warren. Price, \$1 the 8oz. bottle—the formulae of which will be sent to any physician, on application, by mail, to either of the Agents. P15—17

**VACCINE VIRUS FROM KINE.**—One crust 10 quills, 1 capillary tube—each \$2.

Address **EPHRAIM CUTLER, M.D.**,  
Woburn, Ms., July 13, 1863. Woburn, Ms.  
Jy. 16—11.

## MEDICAL JOURNAL ADVERTISING SHEET.

### STRUMATIC SALT—From Mineral Springs containing

#### IODINE AND BROMINE,

Manufactured by the Pennsylvania Salt Manufacturing Company. We would bring to the notice of physicians the virtues of Strumatic Salt in the treatment of Scrofula and other kindred diseases.

It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chlorides of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

The Salt is prepared from the menstruum of Salt-wells of the Pennsylvania Salt Manufacturing Company, and every attention has been given to their purity.

To show the great similarity of the salt which we prepare and now furnish to the public under the name of "Strumatic Salt" with the renowned German waters, those of Kreuznach, we give an analysis of both.

The analysis of the Kreuznach salt is taken from standard chemical works, and that of our Strumatic Salt is made by Dr. Otto Wuth, Analytical Chemist, of this city. In both cases the analysis relates only to the dry substance contained in the mother-liquors.

Strum. Salt of Penn. Salt M. Co.	Kreuznach.
Silica Sand, 0.0175	
Chloride of Iron, 0.1465	1.6000
" Barium, 0.3336	
" Strontium, 0.0039	
" Calcium, 57.9757	84.5200
" Magnesium, 23.6823	7.6500
" Sodium, 4.0890	
" Potassium, 1.2785	1.9300
Iodide of Magnesium, 0.1412	0.0500
Bromide of Magnesium, 1.3116	0.1000
Magnesia, 11.2629	
Alumina, 0.0063	3.8500
Phosphate of Aluminium, trace	0.3200

By comparing the above analyses together, it will be found that the Iodides and Bromides, which are considered the most active agents in all those waters, are in considerably greater proportion in our Strumatic.

The Strumatic Salt is packed in cases—each case containing 32 air-tight iron boxes, filled with about 1 pound of the salt. For use, one or two pounds are dissolved in a bath with from two to four pounds of common salt.

It is confidently recommended to the attention of physicians for use in all such cases as are usually treated by these remedies.

Sold by Druggists generally.

MERRILL BROS., No. 215 State Street, Boston.

REYNOLDS PRATT & CO., No. 106 Fulton St.

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### ELIXIR BARK AND PROTOXIDE OF IRON.

The difficulties in the way of isolating and protecting from change the proto-salts of iron, and also in combining them with the active medical principles of Peruvian bark, led physicians to apply to us to attempt the accomplishment of both these desirable ends. It is now nearly three years since this pleasant and highly efficacious combination was placed in their hands, together with the formula for its manufacture; and it has become a favorite tonic and chalybeate with thousands in all parts of the country. It has proved of the highest efficacy in a wide range of diseases, and its use seldom disappoints the expectation of the physician. The numerous diseases in which it is serviceable are so obvious, it is deemed unnecessary to name them. The iron, a proto-salt, is in perfect solution, and this with the bark alkaloids is so combined as to form a pleasant aromatic elixir, without any ferruginous taste. It contains but a small amount of syrup, so objectionable to many patients.

Prepared only by JAS. R. NICHOLS & CO.,  
Aug. 29—11. Chemists, Boston.

CHARLES H. SPRING, M.D., has removed to  
No. 12 HARRISON AVENUE.  
Special attention given to the Treatment of  
Diseases of the Spine.

### DOUGLASS'S ARTIFICIAL LIMBS—Distinguished in their superiority for combining in the highest degree scientific and anatomical principles with the articulation of the natural limb, and possessing great strength with lightness and durability.

They are perfectly adapted to all forms of amputation.

Every limb is made first class, of the best material, and fully warranted.

They are recommended by the leading Surgeons.

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None genuine but those manufactured exclusively by the inventor, under his patent.

D. DE FORREST DOUGLASS,

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No connection whatever with inferior government legs. Mch 22—11.

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CODMAN & SHURTLEFF, 13 & 15 Tremont Street, Boston, are authorized by me to act for the sale of my Artificial Limbs. Orders and measurements taken, and full information given by applying to them.

D. DE FORREST DOUGLASS.

Mch. 22—11.

### PHYSICIANS' DAILY ACCOUNT BOOK—

We have just published a new edition of the above popular professional Account Book. An assortment of the different kinds may now be found at the Medical and Surgical Journal Office, No. 334 Washington Street.

Small size, with Day Book, Cash Book and Ledger, \$3.00  
Large size, with the same, 4.00  
Large size, Day Book only (bound up especially for individuals preferring separate Cash Book and Ledger), 4.00

Orders, with the amount enclosed, may be sent by mail to the publishers of the Journal, and the book will be forwarded by Express, or as otherwise directed.

THE ATTENTION OF PHYSICIANS is requested to the recently introduced mode of administering *Chlorate of Potassa*, now so much prescribed in Diseases of the Throat.

CARLETON & HOVEY'S CHLORATE TROCHES each contain two grains of this useful remedy, in a form entirely agreeable to adults and especially attractive to young children. They are neatly put up with directions for use, and are retailed by apothecaries at Twenty-five Cents a package. The chlorate salt used in their preparation is chemically pure, and may be relied on both in the quantity and quality.

Directions—Dissolve the Troches slowly in the mouth, using them freely, and as long as they give relief. For very young children they should be dissolved in water or milk, and given with a spoon.

Prepared by CARLETON & HOVEY,  
Family Druggists, Lowell, Mass.

For sale in Boston by I. BARTLETT PATTEN  
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THE DAVIDSON SYRINGES—the best and cheapest domestic instrument in use—if they get out of order in six months, repaired free of charge. For sale by I. BARTLETT PATTEN,  
June 12 Druggist, 27 Harrison Avenue, Boston.

DR. W. H. PRINCE, late Superintendent and Physician of the Northampton Lunatic Hospital, continues to give special attention to mental disorder, and will receive a limited number of cases for personal care and attention at his residence in Northampton  
Dec. 18, 1885.

# MEDICAL JOURNAL ADVERTISING SHEET.

## THE NEPHROGENE.

THE MOST COMPACT, COMPLETE AND CHEAPEST

Apparatus yet designed for atomizing medicated fluids for inhalation.

Securely packed for transportation in a metallic box 4 by 8 inches in size, which also serves for a stand when the instrument is in use, and obviates the necessity of any additional fixtures. Can be used with any kind of atomizers.

Sent by express, on receipt of the price, to any part of the United States and Canada.

Price, \$10.00. Extra Face Protectors, \$1.00.

Every instrument will be thoroughly tested and warranted perfect in every respect.

WILLIAM READ, M.D.,

My24 873 Washington Street, Boston, Ma.

Mass. Gen. Hospital,  
Boston, June 12, 1886.

William Read, M.D.

Dear Sir,—The apparatus for atomizing medicated fluids for inhalation, arranged under your direction, has been used for some time in the Hospital, with entire success. It is perfectly safe, compact, and easily applied. I take pleasure in saying that it is the simplest and most convenient atomizer I have yet seen.

Yours, very respectfully,

BENJ. S. SHAW, M.D.

Res. Phy. and-Supt. Mass. Gen. Hosp.

**C**OPARTNERSHIP NOTICE.—WILLIAM W. GOODWIN retires from our firm, and SAMUEL M. COLCORD is admitted a partner from this date.  
JULY 1, 1884. THEODORE METCALF & CO.  
39 Tremont Street.

**T**HEODORE METCALF & CO., APOTHECARIES, 39 TREMONT ST., BOSTON, having made changes in business, with a view to a more extensive trade, and for the purpose of keeping a stock of standard, fresh and reliable Medicines constantly on hand and continually changing, offer to their customers in larger quantities than formerly, and to the trade generally, at jobbing prices, new and pure Essential Oils, Powders, Chemicals, Medicinal Extracts, Pharmaceutical Preparations, Select Drugs, New Remedies, and those Foreign Preparations of value prescribed by Physicians in this country. These goods will be imported, prepared in the store, manufactured to order, or selected from the market, with reference to the quality of each particular article, with the design as far as possible of presenting to their customers a full assortment, pure and of official strength, of those articles which are usually found of variable quality.

To the responsible duty of preparing Physicians' Prescriptions, the same prominence will be given as heretofore.

S. M. COLCORD, having retired from the firm of S. M. Colcord & Co., and being now associated with T. Metcalf & Co., takes this occasion to thank his old friends and customers for their liberal patronage in the past, and assures them that no efforts will be spared in the future to retain their confidence and to meet their wants—with his present improved facilities—as well in regard to quality and price of goods, as to the general advancement of all that relates to Pharmacy and an orderly drug business.  
JULY—11.

**P**ATTISON'S SEAL SKIN CHEST PROTECTOR—A most excellent article for defending the Chest from cold. Imported and for sale by I. BARTLETT PATTEN,  
Druggist, 27 Harrison Avenue,  
Mch Corner Beach Street, Boston

## LOCAL ANÆSTHESIA AND ATOMIZATION OF LIQUIDS.—

Will be sent by mail when requested, a Pamphlet on Atomization of Liquids and Thudichum's Method of Treating Catarrh, by distinguished medical authority, with description of Apparatus for these purposes, and for producing Local Anæsthesia by Freezing—with Rhigolene as used by Dr. H. J. Bigelow of Boston, or with Ether as employed by Dr. Richardson of London. Our apparatus for local anæsthesia freezes the flesh in from two to ten seconds when used with Rhigolene, and in about one minute with pure sulphuric ether.

The following is an extract from a note from Dr.

H. J. Bigelow :

"I have thus far found nothing better for freezing with Rhigolene than the tubes made by you after the pattern I gave you, and which I still use with your other apparatus."

Price of Apparatus for Local Anæsthesia, \$6.00.

Rhigolene, per Bottle. 1.00.

CODMAN & SHURTLEFF,

Je711.

13 & 15 Tremont Street, Boston.

**P**ROLACTEA.—A NEW MEDICO-SCIENTIFIC FOOD, analogous to Breast Milk. Either to be given in conjunction with the Breast, as a relief to the Mother in case of defective lactation, or for the sole rearing of infants by hand, whereby hereditary taint will be prevented, and better structural and physical development of the babe attained.

The Pro lactea, when prepared according to the directions, will produce a food for infants similar in appearance and taste, and in chemical composition, to healthy human breast-milk. It may be given alternately with the mother's milk, or, when circumstances require, it may be used as the sole food until the child is weaned, or has arrived at an age requiring a stronger diet.

This article has borne the test of trial, and we have the testimony of our most experienced and discriminating physicians, that it agrees in most cases with infants much better than any other articles yet introduced to supply the place of breast milk. Some of these physicians have not only prescribed it to patients, but have also used it in their own families, and speak of it in terms of unqualified approval.—*Buffalo Medical Journal.*

W. H. PEABODY,

Chemist and Pharmacist, Buffalo, N. Y.

Agents,

LAZELL, MARSH & GARDINER.

My. 31—1y.\*

New York.

**T**O PHYSICIANS AND DRUGGISTS.—HowELL & OWENSON, Pharmaceutical Chemists, 118 Liberty Street, New York, prepare the following articles, to which their attention is respectfully called :

ELIXIR CALISAYA, IRON AND BISMUTH,

Combining the virtues of Calisaya Bark, Iron, Phosphorus and Bismuth, in a delightfully palatable form. An unequalled Tonic, enthusiastically endorsed by the profession everywhere. Samples and formulas furnished gratuitously to the faculty.

Liquid Bismuth,

(a solution of Ammonio-citrate Bismuth).

Elixir Valerianate Ammonia,

Elixir Valerianate Ammonia and Quinine,

(a new remedy for neuralgia, proving highly successful), and numerous other preparations, for description of which send for circular.

Full Descriptive and Price Lists furnished upon application. For sale by all Druggists.  
N15—1y

L EOPOLD BABO, German Apothecary, No. 11 Boylston street, Boston, Sept 18—1y.



**CUTTER RETREAT FOR NERVOUS INVAILIDS, PEPPERELL, MS.**—Dr. JAMES S. N. HOWE, for many years associated with the late Dr. Cutter, still continues in charge of this Establishment. He can receive into his family a few additional patients, and will devote himself specially to their care and comfort. Dr. H. is permitted to refer to

Dr. Tyler, of the McLean Asylum.  
Dr. N. B. Shurtleff, Boston.  
Jas. J. Walworth & Co., Jos. Breck & Son, Boston.  
Dr. Jas. M. Stickney, Pepperell.  
Je 28—1f.

**RECENT ADVANCES IN OPHTHALMIC SCIENCE.**—The Boylston Prize Essay for 1865. By HENRY W. WILLIAMS, M.D., Ophthalmic Surgeon to the City Hospital, Boston. One Vol. 12mo. With numerous illustrations. Price, \$2.50.

Also, by the same author,

**TEST TYPES,**

For determining the range and acuteness of vision. Price, 50 cents.  
Just published by TICKNOR & FIELDS,  
Ap. 26 and for sale by all Booksellers.

**VACCINE VIRUS**—of WARRANTED EXCELLENCE.—The subscriber continues, as for the past seven years, to pay special attention to the procuring and supply of Vaccine Lymph. His vaccinations are made from two different "stocks," which he has found to be most perfect and energetic, that of Robert Geely, F.R.C.S., of Aylesbury, England, and that of the National Vaccine Institution, of London.

All material supplied will be from vaccinations, made by himself, of perfectly healthy infants, will be sent on the day the order is received, and, if by mail (as is recommended), postage free.

Every particle of lymph is warranted of perfect purity and reliability in all respects.

Should failure in any case follow its use, a fresh supply will be sent on notification within twenty days.

**QUILL POINTS** prepared in such a way that the lymph cannot chip off. Ten points, \$1.50.

**ENGLISH IVORY POINTS**, fully charged on both sides, in packages of ten points, \$2 per package.

**CAPILLARY GLASS TUBES**, of Dr. Husband's invention, hermetically sealed and filled with fluid lymph, \$2 each.

**FRESH CRUSTS**, resulting from the desiccation of perfect vesicles, mounted in Gutta Serena so that they can be used without breakage or waste, \$3.

HENRY A. MARTIN, M.D.,  
Roxbury, Mass.

Roxbury, Oct. 26, 1865.

**VACCINE VIRUS.** Warranted pure, fresh and reliable. Orders by telegraph or mail answered by return train, as follows: Ten quills, \$1.50; 1 crust, \$5. From nine, 10 quills or 1 crust, \$2. Also—Gordon's New Spring Vaccinator, for using the crust. Price, \$3.

CODMAN & SHURTLEFF,  
May 3—1f 13 Tremont Street, Boston

**NERVOUS HEADACHE, NEURALGIES, GASTRALGIA.**—The *Paulinia Fournier* is the sovereign remedy of these affections. The most celebrated physicians, for the last twenty years, look upon it as the true specific of nervous diseases. Accesses of Neuralgia, Nervous Headache, &c., are instantly relieved.

Beware of imitations. To avoid them, be sure always to get *PAULLINIA FOURNIER*.  
Depot at E. Fournier's, inventor, No. 26 Rue d'Angoulême, St. Honore, Paris.

Sole General Agents for the United States,  
E. & S. FOUGERA, Pharmacutists,  
No. 30 North William Street, New York.

**ACETIC CANTHARIDAL VESICANT.**—This preparation will be found to be the most certain and convenient vesicant yet devised. It differs essentially from the collodion, inasmuch as it does not contract the caudicle in drying, operates in less time, and with but little pain. It is a liquid, and may be applied to the parts desired to blister with a camel's-hair pencil, and then the surface covered with oil-cloth or clean linen. It will blister in from thirty minutes to two hours, according to susceptibility of patients.

Prepared only by  
JAS. R. NICHOLS & CO.  
Aug. 20—1f. Chemists, Boston.

**THE NEW APPARATUS FOR TREATING DISEASE OF THE NASAL PASSAGES.** A current of water or other liquid is made to enter either nostril and return by the other, thereby bringing it in contact with every part of the nasal passages. Prices, \$2.50 to \$3.50.

Also a variety of Apparatus for the Pulverization of Liquids, including a very complete, carefully made and desirable Steam Apparatus, provided with graduating safety valve, face protector, and two pulverizing tubes. Price, \$12.00.  
Face Protectors for either kind of Pulverizers, \$2.00.  
Extra Tubes for Pulverizers, Glass, 50  
Silver, 1.50

Also a desirable Apparatus adapted to use either for Nasal Douche or Pulverization. Price \$6.

CODMAN & SHURTLEFF,  
D21—1f 13 & 15 Tremont St., Boston.

CITY PHYSICIAN'S OFFICE,  
COURT SQUARE, Boston, Ma.

**THE** Subscriber is prepared to supply **VACCINE VIRUS**, of warranted purity, freshness and reliability, taken from healthy infants, in crusts or quill points, to physicians in any part of the United States or British Provinces. The quill points are charged with great care, to ensure a sufficient quantity of lymph on each, and are so prepared that it will not chip off, leaving the quill bare and disappointing the vaccinator. Both will be packed for transportation in air-tight envelopes. Ten quills, \$2; one crust, \$3.

By a system of registration adopted at this office, the name of every child from whom virus is taken is recorded, and will accompany each package of quills or crust, so that the source of any particular lot can be traced at once.

All orders answered by return of mail, postage free, and if the quills do not give perfect satisfaction, if notified within ten days, a fresh supply will be sent.

Address WM. READ, M.D.,  
Aug. 10 City Physician, Boston, Mass.

Refers to Editors of this Journal.

**IRON-PHOSPHORUS-CALISAYA.**

The three best known Tonics, skilfully and elegantly combined in an amber-colored cordial, beautifully transparent to the eye, pleasant to the taste and acceptable to the stomach, in CASWELL, MACK & Co.'s *Ferro-Phosphorated Elixir of Calisaya Bark*.

Each pint contains one ounce of *Royal Calisaya Bark*, and each tea-spoonful contains one grain of iron.

Samples furnished free to the profession.

CASWELL, MACK & CO.  
Sole manufacturers, under Fifth Avenue Hotel  
New York City.

For sale by all Druggists.

June 21—1y

**DR. WADSWORTH'S UTERINE ELEVATOR OR STEM PRESSURE, IMPROVED.** Therapeutic improvement in this instrument renders the application of it simple and easy. Its superiority over all other means used for the reduction of prolapsed uteri, or filling of the womb, is abundantly proved and established. It is strongly recommended by twenty-six of the first class physicians in Rhode Island, and by eminent practitioners of medicine in almost every State in the Union.

Price to physicians, \$5. Postage by mail, 60 cts. A circular, giving a full description of the instrument and its mode of application, may be had by addressing the proprietor, with stamp enclosed to pay the postage.

H. H. BURRINGTON,  
Wholesale and Retail Druggist,  
Providence, R. I.

Also for sale in Boston by Codman & Shurtleff and Wm. H. Phelps; in New York, by Marsh & Co.; in Philadelphia, by Snowden & Bro.; in Chicago, by Smith & Dwyer; in St. Louis, by A. M. Lealle & Co. Jan. 10.

**WESSELBORN & CO.,** German, French and American Apothecaries,  
No. 33 Boylston Street, Boston

# PHARMACEUTICAL GRANULE AND DRAGEES,

(SUGAR-COATED PILLS) OF

## GARNIER, LAMOUREUX & CO.

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These Granules and Dragees are recognized, both in Europe and in the United States, as the most reliable way of dispensing valuable medicines. Physicians will find many worthless imitations, and they must be careful to see that the Pills dispensed by the Druggist are made by Messrs. GARNIER, LAMOUREUX & Co., Members of the College of Pharmacy, Paris. The following are some of the principal preparations:—

### DRAGEES.

	U.S.P.	Price per 100 Dragées.		U.S.P.	Price per 100 Dragées.
Aloes and Myrrh,	grs. 4		Magnesia and Rhubarb, ea.	grs. 1	
Compound Cathartic,	3		Quevenne's Iron, redu. by Hyd.	1	
" "	1½		Cynoglosse,	1	
Aloetic,	4		Proto-Iodide of Iron,	1	
Assafoetida,	4		Lactate of Iron,	1	
Aloes and Assafoetida,	4		Sulphate of Quinine,	1	
Dinner, Lady Webster's,	3		" "	2	
Compound Cal. Plummer's,	3		Valerianate of Quinine,	1	
" " "	1½		" of Zinc,	1	
Blue Pills,	3		" of Iron,	1	
Opium Pills,	1		Citrate of Iron and Quinine.	2	
Calomel Pills,	2		" of Iron,	2	
Opium et Acet. Plumb., each	1		Willow Charcoal,	2	
Extract of Rhatany,	2		Diascordium,	2	
Compound Rhubarb,	3		Anderson's Antibilious & Purg.	2	
Compound Colocynth,	3		Extract of Gentian,	2	
Compound Squills,	4		Iodide of Potassium,	2	
Dover Powders,	3		Calcined Magnesia,	2	
Carbonate Iron, Vallett's formula,			Rhubarb,	2	
Carbonate of Manganese and Iron,			Ergot Powder, covered with sugar		
Kermes,	1-5		as soon as pulverized,	2	
Santonine,	½		Phellandria Seed,	2	
Bi-Carbonate of Soda,	4		Washed Sulphur,	2	
Meglin,	1		S. N. Bismuth,	2	
			Tartrate Potassa and Iron,	2	

### GRANULES.

Of 1-50 of a grain each.

Aconitine,  
Arsenious Acid,  
Atropine,  
Digitaline,

Morphine,  
Strychnine,  
Valerianate of Atropine,  
Veratrine.

Of 1-5 of a grain each.

Tartar Emetic,  
Codeine,  
Conicine,  
Extract of Belladonna,

Extract of Hyosciamus,  
" of Ipecac,  
" of Opium,  
Proto-Iodide of Mercury,

Lupuline, gr. ½  
Extract Nux Vomica, ½  
Veratrine, 1-24  
Sulphate of Morphine, 1-8  
Corrosive Sublimate, 1-12  
Nitrate of Silver, ½  
Extract of Hyosciamus, ½

Extract Rad. Aconite, gr. ½  
Emetine, ½  
Iodide Mercury, ½  
Valerianate Morphine, 1-8  
Acetate Morphine, 1-8  
Digitaline, 1-24  
Strychnine, 1-12

(Colchicum (each granule equal to two drops of tincture.)

### DRAGEES.

Copaiba, pure solidified,  
Copaiba and Cubebs,  
Copaiba, Cubebs & Cit. Iron,

Cubebs, pure,  
Cubebs and Alum,  
Cubebs, Rhatany and Iron.

To be had at the principal Druggists. Sole Wholesale Agent,

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150 William Street, between Fulton and Ann Streets, New York

For sale in Boston, by I. BARTLETT PATTEN, Druggist, 27 Harrison Avenue. To any Physician or druggist who will forward his address with stamp enclosed, a price list will be sent. April 6.

# E. FOUGERA, PHARMACEUTIST,

(Late E. & S. FOUGERA,)

No. 30 NORTH WILLIAM STREET, N. Y.

**E. FOUGERA**

GENERAL AGENT

FOR

**Blancard's**

**PILLS**

OF

*Unchangeable*

*Iodide*

OF

**IRON.**

These pills are approved by the French Academy of Medicine; authorized by the Medical Board of St. Petersburg; and honorably mentioned at the Universal Exhibition of New York, 1853, and of Paris, 1855.

BLANCARD'S Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well-deserved favor among Physicians and Pharmacutists. Each pill containing one grain of Proto-Iodide of Iron, is covered with finely pulverized Iron, and coated with balsam of Tolu. Dose, two to six pills a day. The genuine have a reactive silver seal attached to the lower part of the cork, a green label bearing the following inscription:

GENERAL DEPOT IN THE U. S. AT  
E. & S. FOUGERA, N. Y.

and the fac-simile



*Pharmacien, No. 40 Rue Bonaparte, Paris.*

**E. Fougere,**

GENERAL AGENT FOR

**BOUDAULT'S**

**Pepsine,**

AND ALSO FOR

**Hottot Boudault's**

**Ellxir, Wine,**

**Syrup, Pills,**

AND

**Lozenges,**

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**Pepsine.**

When prescribing, Physicians will please write for Boudault's Pepsine as it is the only one reliable, the only one used in the Hospitals of Paris, the only one recommended by Professors Wood and Bache (see American Dispensatory, 11th edition, pages 1479-1480), and the only one approved by the committee appointed to revise the New French Codex (1866). Boudault's Pepsine is sold in powder (in 1, 8, and 16 oz bottle). The dose is 15 grains 2 or 3 times a day, at meal time.

It is used with great success for *Dyspepsia, Gastralgia, Slow and Difficult Digestion* following fevers, and also for *Consumption* and other *Chronic Diseases*. Debility of the *Stomach* from old age or abuse of liquors is relieved by it, and it is invaluable as a corrective of *Vomiting during Pregnancy*.

From 1863, the chief assistant of Mr. Boudault, Mr. Hottot, chemist and pharmacist of the University of Paris, has become Mr. Boudault's successor, and along with Pepsine in powder, he prepares the

ELIXIR OF PEPSINE,	} Made direct from Pepsine in solution.
WINE " "	
SYRUP " "	
PILLS " "	
LOZENGES OF " "	

All these preparations are pleasant to take, and as reliable as Pepsine in powder.

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SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL  
HOSPITAL. SERVICE OF DR. HENRY J. BIGELOW.—NO. III.

Reported by Mr. RICHARD H. DERBY.

[Communicated for the Boston Medical and Surgical Journal.]

*Fibro-cellular Tumor of Scrotum; Removal; Recovery.*—Patient, M. C., aged 46, entered the Hospital January 3d, 1867. Three years before, he presented himself to Dr. Bigelow at the Hospital, with a similar tumor, which is described as having the general aspect of a large hydrocele, but further examination showed the testicles occupying nearly their normal position, high up on each side near the pubes. The tumor consisted chiefly of slippery lobes that eluded the grasp. Upon cutting down, the first lobe that was exposed declared the fibro-cellular character of the tissue. After a tedious dissection, the tumor resolved itself into two principal masses. Each of these was somewhat lobulated, six or more inches in length, three or four inches in diameter, and smallest at the neck. The dissection was carried backwards and downwards through the triangular ligament. Their insertion was discovered fan-shaped and expanded, high up somewhere between the prostate gland and rectum, where ligatures were passed around the two pedicles and the masses were cut away.

The microscope showed them to consist of a fibroid structure, with some attempt at an elongated cell-growth.

Soon after the patient left the hospital, the tumor began again to grow, and slowly increased in size up to the time of entrance.

The scrotum was distended by the tumor, which was of the size of a large cocoanut, and consisting of several lobes. It could be traced backwards towards the anus, where its limits were undefined. In front, on the sides, the testicles were felt. The anterior wall of the scrotum was very much thickened, and at one point adherent to the tumor.

Jan. 5th.—Patient was etherized, and Dr. Bigelow made an incision along the median line of the scrotum from the peno-scrotal angle to the perinæum. The tumor was then carefully separated from its attach-

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ments. The pedicle was two or three times as large as before, and constituted by the necks of separate lobes. The tumor was dissected from the rectum and the neighborhood of the prostate as high as it was thought justifiable to follow its attachments, towards the cavity of the peritoneum. In doing this, one broad, firm attachment was discovered to the upper part of the inside of the sacrum. There may have been others which could not be determined with as much certainty. The pedicle was cut through, and the upper four fifths of the wound in the scrotum closed by sutures. The tumor, with a small piece of the scrotum, weighed three and a half pounds. Its mass firmly adhered to the old cicatrix in the scrotum. In fact, there was no line of demarcation between the healthy and diseased tissues. Under the microscope, the tumor was found to consist of fibro-cellular elements. The wound healed through nearly its whole extent by first intention.

February 2d.—Patient was discharged, well.

*Remarks.*—This case is interesting in connection with a fibro-cellular tumor of the skin removed by Dr. Bigelow some years since.\* It occurred in a woman 25 years of age, and was of six years' duration when removed. The tumor was suspended from the upper part of the left buttock by a large pedicle, the whole weighing, after removal,  $13\frac{1}{2}$  pounds. The wound after excision measured 13 by 17 inches. The microscopic appearances were the same as in the preceding case. Seven years after removal, the tumor was beginning to reappear.

\* *Naso-Pharyngeal Polypus removed by Ablation of the Superior Maxillary Bone.*—Patient, D. W. B., aged 23, clerk, entered the Hospital November 14th, 1866. For six years previously he had suffered from a polypus, occluding the left nostril. In the course of a single year he had portions of it removed on thirteen different occasions. Some of these operations were attended with profuse hæmorrhage. Two years before entrance, he first noticed a painless tumor, situated in the substance of the left cheek, below the antrum.

On exploration, there was a large, soft tumor, extending from the nasal bones to the pharynx of the left side, with apparently an ethmoidal attachment. No encroachment upon the antrum was detected by the finger introduced into the nose. Outside, in the cheek and behind the pterygoid processes, was a hard, movable tumor in the thickness of the cheek, of about the size of a filbert, and with a doubtful, soft, superior attachment, if indeed any existed.

Nov. 17th.—Patient was etherized, and Dr. Bigelow made an incision over the tumor, in the cheek, from the zygoma downwards. The tumor, deep in the fat, was found continuous with a pedicle, passing beneath the zygoma and through the spheno-maxillary fissure. The finger could now be forced behind the antrum to the nostril,

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\* Boston Medical and Surgical Journal, vol. lxx. p. 174.

where a finger of the other hand, introduced into the nostril, readily felt it, the antrum being apparently not diseased.

It was now decided to remove the left superior maxillary bone to reach the origin of the tumor. The incision upon the cheek was continued down to the angle of the mouth. The flap was turned up; the normal bony attachments divided, and the superior maxilla removed. The tumor was now exposed—one lobe occupying the nostril, a second reaching the cheek, and a third passing directly backwards to the body of the sphenoid. It had contracted strong, fleshy attachments with the nasal walls, which were with difficulty separated. It had somewhat encroached upon the bones by absorption of their tissue, but they did not seem softened or transformed, as by cancer, nor were the surrounding tissues invaded or infiltrated. After careful enucleation, the root of the tumor was discovered, imbedded in the sphenoidal cells, from which it was carefully removed by tearing and dividing its attachments by scissors. The cavity being left apparently sound and clean, one or two vessels were tied and the wound brought together.

The tumor was found to consist of three principal lobes. On section, it presented a dense, white, fibroid appearance. In some places it was apparently traversed by vessels, so as to give an approach to cavernous structure; so that in some parts it might on this account be very vascular. The wound was dressed with compress (cold water).

Microscopical examination.—The tumor was of apparently a benign, fibroid structure, with free nuclei and nucleoli, a little larger than blood corpuscles. Occasional larger cells seen.

Nov. 22d.—Alternate sutures removed. The wound has healed by first intention throughout.

23d.—Remaining sutures removed.

Dec. 19th.—Discharged, well.

*Remarks.*—In this connection, it may be of interest to refer to a couple of cases similar to the preceding, reported by Maisonneuve,\* where he excised the superior maxilla in order to remove a nasopharyngeal polypus. In the first the tumor, with its prolongations, occupied a portion of the pharynx, the nasal fossa of one side, the temporal and zygomatic fossæ. The second occupied the zygomatic and right nasal fossæ, and had its origin from the basilar process of the sphenoid and internal pterygoid processes. The tumors were of fibroid structure and very vascular. Both patients were entirely relieved by the operation.

*Case of Removal of two-thirds of an Elastic Catheter from a Man's Bladder.*—Patient C. F., a laborer, aged 40, entered the Hospital February 23d, 1867. Four weeks before admission, while working in a canal, a bank of earth fell on him, striking his abdomen.

\* Polype Fibreux Naso-Pharyngien. Resection d'Os Maxillaire Supérieur. Maisonneuve, Clinique Chirurgicale. Tome Ier, p. 589.

There was then no evidence of fracture or external injury. For some time after the accident, he was unable to pass his water and was daily catheterized.

On entrance, urine was constantly coming away, drop by drop. The penis and scrotum were every where excoriated. Nothing abnormal about urine, on examination. No tenderness over the region of the bladder. For several days patient remained in the same condition as on entrance.

March 8th.—On introducing a catheter, to give an injection of tincture of opium and water, patient protested against the operation, and then for the first time made the following statement. While under treatment, before he came to the Hospital, his physician left one night an elastic catheter in the urethra and bladder. The next morning when patient awaked he found the bone head and three inches of the body of the catheter by his side in the bed. He could feel the rough fractured end of the instrument at the peno-scrotal angle. He sent for the physician, who came and tried unsuccessfully to remove the remains of the catheter. Failing in this, he told the patient not to feel concerned, for what was left would melt and come away. He then for two or three days continued to pass another instrument. Patient had refrained from mentioning this before, for fear the fragment could not be removed entire.

On introducing a silver catheter and turning its beak in the bladder, a hard rough body could be felt, apparently lying transversely.

Dr. Clark was sent for, the bladder was injected with tepid water and a lithotrite introduced. After careful manipulation the foreign body was seized between the jaws of the instrument and the lithotrite was then withdrawn, its beak being carefully guided by the forefinger along the posterior wall of the urethra. The catheter, which was nine inches long, had been seized at a point an inch and a half from its beak, and in its removal the short end was doubled over upon the long. It was everywhere covered with concretions from the crystallizable substances in the urine.

During the next twelve hours the urine contained some blood.

March 11.—Improving satisfactorily.

This instrument had remained in patient's bladder for over four weeks.

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#### OTITIS EXTERNA, WITH TREATMENT.

By HENRY L. SHAW, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE frequency of this disease, its serious nature oftentimes when left to itself, and the trifling manner in which it is regarded by patients, would seem to justify calling the attention of the profession to its consideration and to the importance of early and persistent treat-

ment. The large number of patients who present themselves at our charitable institutions would, we think, be greatly increased, if people were impressed with the importance of attending to a discharge from the ear, however slight. One has but to attend the clinic of a public hospital to ascertain with what indifference the disease is looked upon. It is to be regretted that so few patients apply for aid during the acute stage. By carefully examining into their history, we find their troubles dating back for months or years. It is not an uncommon occurrence for them to wait for fifteen or twenty years before presenting themselves, and they are only then admonished to do so by the deafness, which is generally beyond help. Thus, in the absence of treatment, the ulcerative process is carried on until the tympanic cavity is affected, and changes are produced by which the hearing is irrecoverably lost. It is rare for the disease to continue many weeks without this state of things being brought about, in a greater or less degree. Although patients do recover sometimes without treatment, there is still a very large number who, deceived by the absence of pain, and the non-appearance of the discharge externally, consider themselves well, even while the disease is progressing. The great relief following the acute symptoms by the appearance of the discharge, leads them to believe that its continuance has a salutary effect, or that its suppression would give rise to a similar affection of some other organ.

It is in the early stage, before the *membrana tympani* has become seriously diseased, that we obtain most satisfactory results from treatment. The length of this stage varies. It may last for weeks, but such is not its general course. Frequently, before we are aware of it, the ulcerative process has affected the *membrana tympani*, and although it may not necessarily extend to the *tympanum*, it will in the majority of cases render the prognosis less favorable. Very small perforations sometimes heal; such cases, however, are exceedingly rare. In almost every instance they go on increasing in size, until the greater part or the whole drum is destroyed. While it continues entire, no matter what the condition of the canal may be, we may hope for a favorable termination. It is the extension of the inflammation to the tympanic cavity we are to guard against, and to prevent this our whole treatment should be directed.

*Internal* purulent otitis, as is well known, is very tedious, and oftentimes but little benefited by treatment. Not so, however, with the disease under consideration, which in most cases is as successfully treated as the average of diseases; certainly more so than many forms of granular lids, or chronic inflammation of the lachrymal passages. That cases do occur which resist all treatment cannot be denied; but by timely and well-directed efforts much the larger part can be cured. The disease seldom attacks both ears simultaneously, but is afterwards very likely to extend to the other ear.

It is often difficult to trace the disease to any known cause. It is  
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frequently seen as one of the sequelæ of scarlatina, rubeola and other acute diseases. Exposure to drafts of air, the violent use of injections, and the use of irritating remedies, give rise to it. It may be produced by diseases of the skin, extending to the canal. Foreign bodies in the passage, although not a frequent cause, is one liable to be overlooked.

It is sometimes so insidious in its onset, particularly in infants, as not to be noticed until attention is drawn to the discharge; but this is not generally the case. It usually commences with well-marked inflammatory symptoms. The patient complains of great heat and a feeling of fulness in the ears, followed by intense pain, which may extend to the whole side of the head and angle of the jaw, and frequently accompanied with delirium and sleeplessness. If we examine the ear, the external auditory canal, as far as seen, will be found tense and shining, and often swollen so much as to prevent an examination by the speculum. The lower part of the canal is much injected, and the membrana tympani, to which the disease has probably extended, is with difficulty distinguished from the surrounding parts, looking much like a granular lid when acutely inflamed. As the disease progresses, the pain, if possible, becomes more intense, and is early accompanied by a throbbing, which in three or four days from the attack is followed by the appearance of a thin, mucous discharge, much to the relief of the patient's suffering. The quantity of the discharge varies; sometimes it is not more than enough to moisten the passage, and again it amounts to several drachms daily. At the commencement of the disease the hearing power is somewhat diminished, the amount of deafness depending upon the severity of the attack. On the subsidence of the acute symptoms, the walls of the canal become less swollen and tender, and in a few days we can, after having cleansed them by the use of the forceps and injections of tepid water, make a thorough examination. We shall now find shreds of desquamated matter, sometimes almost a complete cast of the passage. If the disease has affected the membrana tympani, and is inclined to a favorable termination, this will appear less red, and the line of demarcation between it and the surrounding parts will be apparent. Under favorable circumstances, we shall be able to see the changes which take place. From a deep red it gradually becomes pale, and less swollen. Soon, instead of a uniform redness, we shall see white interspaces, and afterwards the boundary lines of the vessels can be distinctly traced. From this time it is slow in resuming its normal condition. Often the vessels are visible for a long time, particularly at that part where the handle of the malleus is connected with the membrana tympani. The discharge assumes a muco-purulent character, and lasts for several days, or a week or two, when the organ returns to nearly its normal condition. The hearing, however, is apt to be somewhat affected a still longer time. Should the disease not assume a favorable character, the

discharge continues muco-purulent for a variable time, until finally it will be found almost wholly purulent. The denuded walls of the passage and the surface of the membrana tympani continue inflamed, and instead of healing, secrete pus, which, by remaining in the passage, soon decomposes, and becomes a source of constant irritation. This is oftentimes sufficient to keep up the trouble. A knowledge of this fact is of great importance, if we would treat the disease successfully.

*Treatment.*—During the acute stage, our attention is first drawn to the pain. This can be relieved somewhat by the application of a few leeches in front of and below the meatus. General bleeding is sometimes, although very rarely, indicated. If the patient is of a plethoric habit, he should be restricted to a low diet, and ordered a cathartic. Perfect quiet, in a warm room, will add much to his comfort.

We shall derive the greatest benefit from the application of hot fomentations and poultices. The relief is almost instantaneous, and although their use is strongly objected to by some authors, few patients, after having used them, will allow their discontinuance. They should be changed frequently, and never allowed to become cold. The vapor of warm water, or of water impregnated with aqueous extract of opium, will be found beneficial. In some cases, great relief will be afforded by filling the ear with water as hot as can be borne comfortably. The free use of opiates will be required, and is generally indispensable. Of the different varieties, Dover's powder is perhaps the best.

*Cleanliness and Injections.*—During the acute stage, and while the ear is swollen and tender, injections of tepid water, if they can be employed without producing pain, should be used sufficiently often to prevent the accumulation of matter. Great gentleness will be required in removing this matter from the bottom of the canal. If the walls should bleed, or if very sensitive, the injections should be deferred, and leeches or other antiphlogistic treatment should be adopted. Injections can generally, however, be administered without pain, if the nurse is instructed to direct the injection against the posterior walls of the passage. If a powerful stream is forced against the membrana tympani, it may be followed by giddiness, or even complete syncope. The danger of rupturing it, although less than in the chronic stage, is sufficiently great to require the utmost care. It should not be left entirely to the attendant, although the necessary tact is soon acquired; as often as possible the physician should attend to it personally, and see that the whole canal is clear. Mild astringents can sometimes be used with advantage. When possible, the patient should rest with the head inclined towards the affected side, which allows the free exit of the discharge. This will not, however, in any case render the injections unnecessary. With the ordinary spring speculum, a thorough examination of the canal is often impos-

sible; but with the cylindrical, and a weak concave mirror, it becomes easy, even while the patient is reclining in bed.

*Chronic Stage.*—The chief obstacles we meet with in treating the disease at this stage is the great difficulty of applying remedies directly to the affected surface. The dried pus and epithelial debris adhere to the walls of the canal until they are sufficiently loosened by ulceration to be discharged. By this time a second crust is formed, and the ulcerative process is thus kept up indefinitely. In this respect it resembles ciliary blepharitis, which, as is well known, is never cured until remedies are applied directly to the roots of the lashes. In that disease we impress upon the patient the importance of soaking the crusts until they are entirely removed; and then only do we consider the lid ready for treatment. Unfortunately, from the shape of the auditory passage, patients with otitis are prevented from doing this, and it devolves upon the medical attendant, who will generally be able, by persistent efforts, to prevent their formation. We should never be satisfied with a superficial examination. The canal may, when not thoroughly examined, look quite well, yet we shall be very likely to find patches in an active state of ulceration. They are often at the bottom, and sometimes extend to the *membrana tympani*. Such cases should be closely watched, and may usually be benefited by the application of nitrate of silver, of five to twenty grains to the ounce of water. Care should be taken not to touch the healthy surface. The frequent use of this salt to the whole of the canal when only a small portion is affected, is useless, and, if strong, results in considerable harm.

The same strict attention to cleanliness is required in this stage of the disease, and also the free use of astringents. The mineral are most used, and are perhaps the best, although in some obstinate cases the vegetable are better. Of the former those most in use are, alum, acetate of lead and sulphate of zinc, of variable strength, from two to twenty grains to the ounce of water. Of the vegetable, tannin is most used. Sometimes a decoction of some of the plants containing it will be found to answer well. These remedies may be used with the syringe, several times daily. They should, of course, be previously warmed, as should all applications to the ear. If they are dropped in, it should be after syringing. Without this precaution, they would often be too much diluted to have any perceptible effect. We have used in this stage, with favorable results, the vapor of the tincture of chloride of iron. By the atomizer, this can be effected with facility. It should be used quite weak at first. We have generally commenced the treatment with only a few drops of the iron to an ounce of water. It may afterwards be increased to twenty or thirty drops. A very weak solution of nitrate of silver can sometimes be substituted with advantage. When not acutely inflamed, and the walls of the canal are pale and secrete large quantities of pus, the use of these remedies in the manner described will often-

times be attended with gratifying results. When the passage is in the condition alluded to, this treatment will be found not disagreeable. It may be repeated every second day. If it causes pain it should be discontinued.

The canal ought never to be plugged with cotton. If its use should be considered necessary, it may be put loosely into the external orifice. If pushed well in, it soon becomes soaked with pus, swells, and prevents the exit of the discharge externally. As the pus accumulates, the chamber containing it is distended, and we shall be very likely to have rupture of the membrana tympani, through which the pus may be carried into the throat. It is not an uncommon occurrence for patients to apply to us, who assert that they have not put cotton into their ears since the early stage of their disease, which may have continued for months, and on examination we find the bottom of the canal partly filled with it.

Constitutional remedies are, in many cases, of the greatest importance, particularly in children; yet they may be powerless, unless combined with local treatment. Quinine, cod-liver oil, and the preparations of iron are the ones most indicated. We would not underrate their great value, but we think that if the local treatment should be persisted in with the same zeal as the constitutional, we should derive far better results. Patients are often seen who have been under various kinds of treatment, and have perhaps never had the canal examined. They have relied entirely upon constitutional remedies, with, perhaps, some general directions with regard to cleanliness. This method of procedure is much to be regretted, and accounts, in a measure, for the want of success in a multitude of cases.

*Boston, March, 1867.*

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## Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

JAN. 28th.—*Laryngitis supervening on Measles in a Child of eighteen Months; Tracheotomy; Death. Discussion as to the Nature of Laryngitis, with Cases.* Dr. GEORGE HAYWARD reported the following case.

“The patient, a child about eighteen months old, was first seen by me Jan. 17th. Measles had appeared on the 16th, and was quite full; she had some cough and fever, but did not appear to be worse than children often are at that stage of the disorder. On the 18th, I was sent for to see her, as it was thought she had the croup. Found her breathing with a hoarse, stridulous sound, a good deal like that of croup, but perhaps rather shriller; the color was natural; the loud and shrill sound of the breathing masked the respiration somewhat,

but there appeared to be mucous râles in both backs ; no crepitus or dulness apparent ; no lymph on the tonsils.

"She had been vomited thoroughly by emetics, &c., before I saw her, and, as she seemed weak, I directed that all remedies should be omitted, and that she be fed with beef-tea in small quantities, and at short intervals, until I saw her again. Steam had been used freely, which was continued.

"In about three hours after, Dr. Cabot saw the case with me in consultation. At that time the color was good, the respiration and sounds in the chest were much as they had been before. The tendency to vomit continued, but was not so urgent, and she had retained some of the beef-tea. It was agreed, as the measles had faded away almost entirely, and rather suddenly, to put her in a hot bath, and then wrap her body in a warm flaxseed poultice. After this was done, the eruption came out again, and we then used an atomizer to throw the spray of water into the larynx. This seemed to relieve the breathing considerably, the hoarseness and shrillness being much diminished for some little time after using it. The atomizer was used a number of times through the night and the next day, the hoarseness being apparently relieved by it ; and beef-tea or wine whey given every two hours, although it was sometimes difficult to swallow them, and they were occasionally thrown up. The color continued pretty good until evening, but at that time a marked change took place, the breathing becoming very difficult, and the skin beginning to grow livid.

"It being apparent that the child was rapidly changing for the worse, tracheotomy was performed by Dr. Cabot. Very little blood was lost during the operation ; and soon after the tube was inserted the breathing was sensibly relieved. On opening the trachea, no false membrane could be seen by a careful examination, and the mucous membrane was of a natural color. The next morning, the skin was of a good color, the patient had taken nourishment freely, without any difficulty or vomiting after the tube was inserted, and had slept somewhat. The respiration was hurried, but quite variable. Pulse 120 to 130. The principal difficulty arose from the mucus which clogged the inner tube, requiring it to be frequently removed and cleansed.

"This state of things continued Jan. 20th and 21st, during which time she took nourishment freely, and slept a good deal at night. The atomizer was used frequently, to throw a spray from a weak solution of bicarbonate of soda into the tube, which appeared to assist her in coughing up the viscid mucus. On the morning of Jan. 22d, the measles, which after their return on the evening of Jan. 18th had continued very full, had faded away very much, the respiration was less rapid and labored, the aspect of the child better, and the hope of a favorable result increased.

"In the afternoon of that day, however, the breathing became more difficult and obstructed, and in the evening, as the removal of the inner tube did not relieve her, both tubes were taken out. No membrane was discovered by a careful examination of the trachea, and the obstruction of breathing seemed to arise from the free secretion of mucus in the bronchial tubes. A solution of nitrate of silver, twenty grains to the ounce, was thrown into the tube by the atomizer, but did not relieve the breathing ; the secretion of mucus continued to increase, and the child died, apparently suffocated by it, Jan. 23d.

"In this case there were several circumstances which militated against the success of the operation. The child was naturally delicate; she had a severe attack of diarrhoea after weaning, in November, which reduced her strength very much; she was cutting her eye- and stomach-teeth, and was passing through an attack of measles. Add to these her age, less than eighteen months, and the prospect of success was small from the first; but from her appearance when the operation was performed, tracheotomy seemed to offer the only chance of saving her life.

"The immediate result of the operation was, not only that the patient's breathing was relieved, but that after it she had no difficulty in swallowing and retaining her food, which had been the case before; and this continued almost to the time of her death."

Dr. CABOT said he had seen, a month ago, a similar case after measles. The eruption had appeared regularly and had gone off, when the child was attacked with difficulty of breathing; steam was used, and then tracheotomy done and recovery ensued; in neither of these cases was there any false membrane or even redness of the interior of the trachea. In the last-mentioned case, at the time of the operation he had noticed a perceptible but not great dulness in one side of the chest, but after tracheotomy had been performed there was no sign of serious trouble in the lungs; it seemed to him that the dulness might have resulted from congestion, so called.

In answer to Dr. HODGES, Dr. Cabot said he thought the chance of recovery in simple laryngitis as good in a young child as in an older one; except that the mucous membrane in a very young infant might be more irritable and the operation more likely to produce or increase bronchitis or pneumonia, from the direct admission of air to the bronchial surfaces uninfluenced by the temperature and moisture of the mouth.

Dr. BETHUNE said that young children bear injuries and some operations better than older people, but in the cases alluded to they are generally reduced in strength by previous disease.

Dr. JACKSON remarked upon the use of the term laryngitis. It might, of course, be applied to the case of inflammation of the mucous membrane, as bronchitis is to that of inflammation of the same membrane in the bronchi. He had, however, often heard it applied and confined to a very different case—to that form of inflammation that affects the sub-mucous cellular and deep-seated tissues about the entrance into the larynx; the mucous membrane being affected only secondarily, and sometimes scarcely at all. With regard to pneumonia as a complication of croup, he could only recall one case in which he had seen it on dissection.

Dr. CABOT thought that many cases reported as croup after measles were cases of laryngitis, perhaps the eruption of measles on the mucous membrane.

Dr. WARE had heard Dr. James Jackson report what he regarded as a case of croup in which no membrane had been found after death. He thought membranous croup was an exceedingly rare affection as a consequence of measles, that affection of the mucous membrane not having a tendency to throw out false membrane. He had never seen a case.

Dr. CABOT said if there was no membrane there was no croup; what can it be but laryngitis?

Dr. H. K. OLIVER thought that the confusion of the subject arose from the use of the general term laryngitis. We should remember that the larynx is a complex organ. Inflammation of the mucous membrane may be confined to the membrane proper, or may implicate the sub-mucous layer. In rarer cases the inflammation may commence in the sub-mucous layer. Another form of inflammation in the larynx is that which attacks the perichondrium. When the inflammation of the submucous layer is severe, œdema of the larynx may come on. In these cases, the greater amount of swelling, which is noticed in the upper part of the larynx, is explained by the greater laxity of the cellular tissue there. Over the vocal cords, the mucous membrane is very tightly bound down; below the cords it is more loosely attached, but the laxity of the sub-mucous layer is nowhere so great as in the parts above.

FEB. 11th.—*Acute Laryngitis*.—Dr. JACKSON alluded to his remarks upon this subject at the last meeting of the Society, and reported the following cases, of which he had either made or seen the dissection, and of which a summary is here given.

CASE I.—A woman, æt. 24, died with jaundice of about five months' duration, and that came on with acute constitutional symptoms. One week before death she had a rigor, and from that time an affection of the throat, with a violent attack of dyspnoea the last twenty-four hours. On dissection, pus and lymph was found in the cellular tissue about the œsophagus to a considerable extent; and the same about the glottis, particularly upon its external face—thick, liquid pus escaping when the mucous membrane was punctured. The glottis was probably secondarily affected in this case, but the disease might in another case have commenced there.

CASE II.—A large, gross woman, 56 years of age, having had a cold for about three weeks, was attacked on Saturday with what seemed to be a common sore throat, though there were active constitutional symptoms. On Wednesday morning she was found very much worse, the breathing being extremely difficult, sonorous and rattling, and the voice so affected that it was scarcely possible to hear what she said with the ear close to her face. In the evening she died; and, on dissection, the disease was found remarkably confined to the throat and top of the larynx, so that it was greatly regretted that the trachea had not been opened on Wednesday morning—the operation being far more appropriate to this case than to that of croup. The epiglottis was erect and much thickened, and beneath the mucous membrane upon each of its surfaces was an abundant effusion of pus. The same effusion was found upon the right side of the pharynx at some distance behind the tonsil. The glottis, upon the right side, was much swollen, exceedingly soft and flaccid, and all of the tissues were infiltrated with pus, the left side being much less affected. The pus was so distinctly seen on inspection of the fauces during life that it was mistaken for an effusion of lymph upon the mucous membrane; but there was no such effusion, except a barely discernible amount, and to a small extent upon the glottis. The mucous membrane of the air-passages generally was very moderately reddened, though there was an abundance of a very viscid secretion; but otherwise all of the tissues were intensely inflamed—the glands and even the external integuments being affected. One of Cruveilhier's plates (Anat. Path.)

was shown to the Society as giving a good idea of the sub-mucous purulent effusion in this case.

CASE III.—A merchant, æt. 52, of robust health, was attacked suddenly with severe constitutional symptoms and sore throat, and died on the sixth day. The respiration, however, was not stridulous, and the voice was not extinct. On dissection, an extensive, diffuse, cellular inflammation was found; thick, yellow pus between the muscles of the neck, beneath the upper two-thirds of the sternum, and to the extent of three or four inches between the œsophagus and spine, but nowhere in great amount. There was, also, acute pleurisy upon each side. The whole glottis upon the left side was very much tumefied, red and fleshy to the feel; and, on incision, there was found an abundant effusion of thick yellow pus that contrasted strongly with the deep red color of the adjoining tissues. Upon the right side the glottis was, most remarkably, quite healthy. Upon the mucous surface, and to the depth of about a line, was a defined, soft, tawny yellow slough, as in Cruveilhier's plate. The glottis upon the left side was, and most remarkably, quite healthy.

CASE IV.—A woman, who had been attending upon her sister, with erysipelas, was very suddenly and severely attacked, and died in two days; there being very urgent dyspnœa, aphonia, and such dysphagia that she was almost convulsed on attempting to swallow. She had no erysipelas, however; but, after her death, another case of this disease appeared in the house. On examination, precisely the same form of inflammation was found as in the last case, though scarcely any pus could be forced out. There was a soft, but not excessive swelling upon each side of the glottis; and upon one side a slough seemed to be threatening. The inflammation was confined to the upper part of the larynx, but extended downward about the œsophagus to the middle of the trachea where it was cut across, at the time of the examination; the affected parts only having been seen in this case.

CASE V.—A member of this Society, 52 years of age, who had always been in very delicate health, was attacked when he was about as well as usual, and died at the end of a week. His case was very soon recognized as one of laryngitis; though there was no marked dyspnœa, only moderate dysphagia, and incomplete aphonia. On examination, there was found the same form of inflammation as in the two last cases; puriform infiltration into the cellular tissue about the muscles of the larynx and parts below, though the glottis was only very moderately tumefied. The mucous membrane was not affected. This and the last case occurred in February, 1850, and the previous one in December, 1849.

Dr. J. quoted from the very complete work of Sestier (*Tr. de l'Angine Laryngée Œdémateuse*, Paris, 1852), to which his attention had been directed by Dr. G. M. Gay. The term *œdematous laryngitis* has been generally used, but Dr. J. thought it very objectionable, as the infiltration is so often purulent; and, until some better one is proposed, he preferred to call the disease simply "laryngitis," as this was a term to which he had always been accustomed. The term "glottis," to which Sestier strongly objects, is applied by Dr. J. to the upper orifice of the larynx.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, APRIL 4, 1867.
 

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## HOMŒOPATHY IN PARIS,

THE Legislature of the State of Massachusetts in their collective wisdom have lately authorized the formation of a homœopathic medical college, with the power of conferring the degree of Doctor of Medicine. No doubt they had a right to do this thing if so it seemed them best, particularly as one of their corporate body was also a member of the homœopathic fraternity. Perhaps it may be eventually ordained that any citizen may have the privilege of declaring himself an M.D., as much as to assert his sovereignty by casting his ballot. But, we think, we might come far short of this last consummation, and yet find the fact of a degree of Doctor of Medicine having been issued under the authority of the State of Massachusetts to be in itself of little worth; and that (coming from one of some sources) the parchment on which it may have been inscribed will have less value than before it was stained with ink, and called a diploma. If the privilege of conferring medical degrees be dispensed too liberally, they will become, as it were, a depreciated currency, of small purchasing power to the owner. They might, perhaps, serve as tickets of admission to hospitals in Europe, where their real significance might not be as well understood as in their place of origin. But, the mere fact of an individual being dubbed a Doctor in Massachusetts would hardly ensure him fellowship with graduates of other institutions of high standing. It would be inquired from what college he received his title. *M.D. Cantab.* may become, with us, necessary as a passport to medical dignities and immunities.

It so happens that at about the same time the General Court of this Commonwealth were conferring on the homœopaths the high privilege above alluded to, a discussion which took place on the 3d of December, 1866, at the "*Société Médicale Homœopathique de France*" was published in the *Union Médicale* of the 23d of February, 1867. Without further preface, we proceed to translate the report of that discussion:—

M. Léon Simon fils. I read in the report of the last session these words of M. Curie: *So far as I am concerned, I do not believe in the action of infinitesimal doses, or at least I have doubts of it.* I cannot pass over this expression of opinion of my *confrère* without experiencing a lively emotion. It amounts to saying that it is not true that infinitesimals exert any action. The inference tends to nothing less than a denial of all homœopathic tradition. If infinitesimal doses have no effect, it is incumbent upon us to burn all the works of our predecessors, and shut up our apothecary shops. But, what is more, we are forced to conclude that our predecessors were, what we have been called—either charlatans or the victims of delusion. For, here is not a question of doctrine, but one of fact; and as to this question of fact, one cannot continue sixty years in error without cherishing that error wilfully, or through stupidity.

M. Curie attributes the success obtained in our practice to the natural course of disease. But we believe ourselves to be acquainted with the natural course of disease, and at the same time to know how to distinguish its phenomena from the effects of remedies.

M. Curie. This is not the first time that I have announced my views, and you have kindly decided that there is no incompatibility between them and the title of homœopathist. I undertake, also, to reconcile my difference of opinion with the respect I profess for our predecessors. I can disbelieve in infinitesimal doses, and yet believe that our predecessors in homœopathy were very honorable and very intelligent. Besides, were I disposed to vilify them, should I not find in my path my own father, not to mention myself? For, I have been a believer in infinitesimal doses, and if to-day I explain otherwise the facts which formerly appeared to me to militate in their favor, I do not for all that think that I have been hitherto an idiot. It would doubtless be useless to dwell longer on this subject. I will, however, abuse your indulgence a moment more, in order to explain more clearly my manner of confronting this question, which has the power of so arousing our feelings. The following is my *credo*.

I believe that there is nothing ridiculous in entertaining the idea of the potency of infinitesimal doses. I believe there is nothing impossible in the proposition that succession might develop new properties in drugs; or that they, when diluted, might be able to transmit their therapeutic potency to the vehicle which contains them. I can easily conceive that, in view of the imponderability of miasmata, it should be admitted that drugs seem to act in imponderable doses. I admit, in one word, without enumerating all of them here, the value of all the arguments invoked in favor of the possible action of infinitesimal doses. But because the activity of these doses is possible, it does not follow that it is a fact—that it is demonstrated; and as my personal experience is not in its favor, I shall await its demonstration in the future. Till such demonstration appear, I shall consider such doses to be inert. I admit, however, the superiority of infinitesimal doses in diseases, if their results be compared with those furnished by the perturbing action of what is called allopathic medicine. I admit still more. I admit their superiority over the stronger doses of the dissenting homœopathists, when the latter make mistakes in the selection of remedies; and I add that it must happen to them more often to make such mistakes than to hit right. Thus, in fine, I could even admit the superiority of the results obtained by my *confrères* as compared to mine, without weakening my conviction that it is not these doses which are concerned in the cure of a disease, but nature, which is not interfered with, and which avails the more in proportion as the remedy is inert.

M. Simon says the point is one of fact and not of doctrine. I have already said what I thought of his argument on the questions of fact. But, I cannot hear him say that it is a simple thing to know the course of a disease without being astounded in my turn, so far from simple does such knowledge appear to me. The same malady cures or kills in all its stages; its progress is slow, or it is rapid. In those, the course of which we know the best—the eruptive fevers—you cannot tell from hour to hour, or even from day to day, what is going to happen. Therefore, what ground have you for affirming that it is to your remedy you owe either a cure or an exacerbation? Your assertion will not pass in science until you have submitted your treatment to the numerical criterion. An isolated case has little value.

Have you fulfilled the conditions required by the exact sciences? Where are the works of which you speak? For myself, I do not know them. I know not a single disease of which the homœopathic treatment has been fully elucidated; and if you take the symptomatology alone, there is not a single clearly settled group of symptoms upon which you would be agreed, or the treatment of which you have laid down in a sufficiently precise manner to enable a physician, though well disposed in the matter, to verify the action of any of the drugs you may have mentioned. It is the same with the dose.

Until these conditions of precision have been fulfilled, whether from a clinical or a physiological point of view (and I regret to remind you that you have not been willing to lend yourself to a course of experiment that you yourself judged sure and easy)—until then, I beg permission to wait in a position of negation or of doubt.

M. Cretin. I am surprised at the astonishment and the emotion of M. Simon. M. Curie was able for a time to credit the activity of infinitesimal doses. Then,

led by his personal experience, he was induced to deny that activity, or at least to doubt it; but it is evident that he speaks here only of a scientific doubt, ready to give place to a contrary conviction if you should furnish him with facts in proof of it. I find ground for still further astonishment when I call to mind the first article of our regulations. What does it say? That the Society admits to its membership not only those physicians who believe in the infinitesimal doses, but also those who concede that in any sense homœopathy has been an advance; those even who do not believe in—who do not assent to—the law that like cures like (*la loi des semblables*), save within certain limits, and who do not see in that law the alpha and omega of medicine.

If by the mere fact of declaring himself a homœopathist, that is to say, of accepting the law that like cures like, one must become responsible for the contradictory opinions of Hahnemann and his disciples, I should be the first to withdraw.

M. Léon Simon fils. I entertained no purpose of exclusion. I only thought that if the first article of our regulations authorized an attack on homœopathy in a denial of the activity of infinitesimal doses, we had, on our part, the right to maintain our opinion, and to declare that Hahnemann had not uttered so many errors as had been attributed to him.

I would reply, also, that I did not accept the proposal to make the experiment suggested, because it would only have served to start other objections.

M. Jousset. Setting aside personal allusions, and confronting the question in a more comprehensive manner, it seems to me that we arrive at the following conclusions, viz.: that homœopathy has entered into a new phase—a phase of criticism, no longer the passionate criticism of our adversaries, but one coming from its friends, the well-wishing critics who demand only that every fact should be submitted to a severer test than hitherto. I am rejoiced, for my part, to see this path entered upon, and am not astonished, like M. Simon fils, that M. Curie has expressed himself in a state of doubt. In fact, if we consult the *materia medica*, we find in it a vague mass of numerous symptoms, often contradictory or puerile; a medley of morbid phenomena, either clinical or relating to pathology, between which no distinction has been drawn. If, now, we examine the clinical facts which have been published, we find among them a great number of reports of cases, faulty at their foundation, that is to say, in the diagnosis; and showing often gross ignorance in that respect. These are certainly considerations which do not invite belief. But, this is only one side of the question. It is quite true that there is room for criticism. Nevertheless, I believe that if pains be taken to examine the symptoms in the *materia medica* and to compare them with the investigations relating to toxical action (*Observations toxiques*) the conviction will follow that the descriptions of cases given by Hahnemann (*Observations de Hahnemann*) rest upon a basis of truth. Here, then, is a point in their favor. Now, from a clinical point of view, if we find a great number of reports of cases imperfectly observed, it becomes us to say, that by their side are others which are the reverse, and which are presented by persons who are the embodiment of science and honor. There is still another class of tests, consisting of those which occur in our daily practice. We see, in a general way, that by employing infinitesimal doses, and relying in our choice of them upon the law that like cures like, we succeed in curing a great number of patients; and as this success is repeated numbers of times, it tends to exclude ideas of coincidence, and inclines us to believe. Unfortunately, in this order of tests, there is a great defect. It serves only the practitioner himself. It brings about our personal conviction alone. How say to another, "Practise in this way eight years, and you will end by believing"? There are, meanwhile, differences among us as to facility of conviction, and I can easily understand them. Certain minds are inclined to doubt. They are seekers after truth, who are useful to us by forcing us to observe accuracy in our works. These minds doubt, where others affirm. They exist in the allopathic school as well as in ours. Is this tendency to doubt a good quality or a defect? It is not for me to decide the question. I only say it is easy to understand the fact.

M. Cretin. There are names whom we are accustomed to respect, and whom

the discovery that they had fallen into errors does not cause us to despise. We can, then, speak without fear. Well! why do we no longer effect the same results which they once produced? They were able to cure grave chronic diseases, which others had abandoned. Why are we not able to repeat these cures? I recollect one of our veterans in homœopathy saying to me, while speaking of his early days, "We then used to cure phthisis." But, when I presented consumptives to him, we did not recommence such cures. In that fact I see cause, not to suspect the truthfulness of a master, but perhaps to distrust his enthusiasm of a novice (*des debuts*). If, now, we must refer to homœopathic literature, what literature is that which M. Simon fears to see burnt? We find in it such cases as the following: consumptions in the third stage cured by *pulsatilla* in the thirtieth dilution! The report of cases is given, I believe, by M. Godier, in the *Journal of the Gallican Society*. By means of the same *pulsatilla* in the thirtieth dilution, we see it alleged that changes of presentation in labor are brought about!

M. Léon Simon fils. MM. Dervillez and Hureau have seen it a hundred times.

M. Cretin. Nothing could be more simple, then, than to demonstrate it to us.

M. Léon Simon fils. Do not the allopathic physicians do the same thing with ergot?

M. Cramoisy. They never employ it in dystocia.

M. Cretin. I do not deny the fact alleged. But, I do say that it is difficult to admit it. Yet, difficult as it may be to believe, I, like my friend Curie, whose phraseology leaves no room for any ambiguity, require only proof of it to yield my conviction. I do not deny—I only demand proofs before believing. I say, then, what you have done millions of times why not do once more? Since the occurrence is so common, why refuse to place it before our eyes? Herein is the reason why I do not comprehend the refusal of M. Simon, when the proposal was made that he should demonstrate to M. Curie the action of *calcaria*.

Now M. Jousset, after having severely criticized the *materia medica*, tells us that we can convince ourselves of its reliability by noting the agreement between the symptoms that Hahnemann has given us and the toxicology. M. Jousset has not borne in mind the fact that Hahnemann has nowhere indicated the doses he employed,\* and, by consequence, that his argument cannot be invoked in favor of infinitesimal doses. We have, in fact, no indication from him on this point, save in his first work (*Fragmenta de Viribus*), and then he employed appreciable doses. But when once he is occupied with grand induction, he says nothing definite about the doses employed. There, then, is a hiatus which permits of doubt. M. Jousset has said there are minds inclined to doubt, which deny where others believe. Yes! but there are also minds which are too credulous. The true spirit of the experimental method is equally distant from both these classes. What we desire here, in fealty to our agreements, is to elucidate questions, not which divide us, but which do not in themselves furnish obvious answers. Among these questions is that of infinitesimal doses. For my part, I am disposed to admit in some cases, to deny in other. What I desire is, that any explanation should be sufficiently clear to impress itself upon others.

M. Léon Simon fils. As far as I am concerned, I do not at all regret having brought about this discussion. M. Cretin demands of us why we do not reproduce the marvellous cures of earlier days. I reply that what was done in former times we do now. We do not cure phthisis, or incurable diseases, where an organ is destroyed. But, if I open our annals, I see that we cure bronchitis, eczema, &c. In fine, we do what our predecessors did. M. Cretin speaks here of the doses employed in researches relating to pathogeny. Turning to those experiments, I see that not only Hahnemann, but also the Society of Vienna, did not employ high dilutions. And Hahnemann says, in his *Organon*, that the latter have but little effect on the healthy subject.

The action of infinitesimal doses has been confirmed, especially in therapeutics. And I believe that it is necessary to preserve this distinction—that a dilution which can exert no action on a healthy, may influence a diseased organization.

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\* In his investigations as to toxical action is obviously the meaning here.—ED.

M. Curie. I myself drew this distinction during the discussion carried on by Messrs. Imbert and Castelnau, which was to have been followed by a series of experiments, of which I, for my part, have heard nothing since that time. On that occasion I said, "even if experiments should decide, contrary to the assertion of M. Imbert, that *arsenic* exerts no physiological action in the sixth dilution, that would in no wise prove that it was not capable of therapeutic action in the same dose." My *confrère* might have thence perceived that I do not reject infinitesimals as a foregone conclusion.

M. Cretin. As for myself, I have not been fortunate personally, so far as concerns the use of infinitesimals in eczema, and I have not seen Pétroz more successful.

M. Léon Simon fils. I have effected cures of it with them in adults.

M. Cramoisy. I have, without difficulty, cured eczema in the dry form with *manganum*, but I have had much trouble in curing moist eczema, especially eczema rubrum. I am obliged to employ external remedies.

From this discussion it appears—

1st. That infinitesimal doses are far from being recognized by our dissenting associates.

2d. That, though Hahnemann used them in his practice, there is nothing to prove that he employed them in his physiological researches upon drugs.

3d. That the following opinion of M. Curie deserves to be reflected upon by all physicians of all schools, since it is a free translation amplified, of the words of Hippocrates—*Natura medicatrix*; "I admit, however, the superiority of infinitesimal doses in diseases, if their results be compared with those furnished by the perturbing action of what is called allopathic medicine. I admit still more. I admit their superiority over the stronger doses of the dissenting homœopaths, when the latter make mistakes in the selection of remedies; and I add that it must happen to them more often to make such mistakes than to hit right. Thus, in fine, I could even admit the superiority of the results obtained by my *confrères* as compared to mine, without weakening my conviction that it is not these doses which are concerned in the cure of a disease, but nature, which is not interfered with, and which avails the more in proportion as the remedy is inert."

4th. That the system of medicine called homœopathic rests exclusively, according to M. Cretin, upon the law that like cures like. M. Cretin adds, also, that this law should be received as applicable only within certain limits.

If it were possible for our dissenting fellows to entertain this law to a certain extent, and to treat the physiological and clinical action of drugs with a certain measure of precision, as was said by M. Jousset, it might accrue to the benefit of science, as well as of practice, and lessen the distance between honorable associates.

(Signed)

Dr. MARTIN LAUZER.

In the brief comment appended to the above discussion in the *Union Médicale*, it is declared that the terms "homœopathy" and "homœopathist" have no longer any reason for existing; and that the "too protracted mystification of infinitesimal doses is dead, the intelligent homœopathists having just interred it."\* We would subjoin as an epitaph—

SIMILIA SIMILIBUS CURANTUR.

\* Since the above translation was completed, we have seen, in the *Union Médicale* of March 5, 1867, a "réclamation," in the form of a letter addressed to the Editor, and signed by Drs. Cretin, P. Jousset, and Curie. In this letter the accuracy of the report is not called in question, but a reply is given to the short commentary upon it we have quoted from. The substance of the reply is to the effect, that homœopathy is not dead: that the efficacy of infinitesimal doses has been questioned by homœopathists from the earliest disciples of Hahnemann to the present day; and that it is possible to be a homœopathist without being an "infinitesimalist." Homœopathic medication, according to the signers of the "réclamation," rests upon "a constant relation" between the physiological and therapeutic action of drugs.

*Calx Saccharatum, Syrupis Calcis.* MESSRS. EDITORS,—I enclose a letter from Dr. Squibb, of New York, which I received with some lime prepared with sugar. I trust that those who have undertaken to make the syrup and failed, will not be discouraged. I must caution against the use of the article in pill or dissolved in water, as it will produce nausea, or even a caustic effect. It should be given in milk. I have used it in doses as large as forty-five (45) drops every two (2) hours. Generally, thirty (30) drops every three (3) hours have been sufficient. I have never found alkaline urine to follow its use, no matter how large nor how frequent the dose.

Boston, March 31, 1867.

Very truly yours,

CHAS. E. BUCKINGHAM.

DR. C. E. BUCKINGHAM, Boston.

Brooklyn, March 16, 1867.

Dear Sir,—Your paragraph, on the back of the reprint from the Boston Medical and Surgical Journal, came duly and has occupied me ever since, though it gave you little trouble to write. On the authority of the books generally, I did not know whether you or they were wrong, and to determine this had to go over the subject practically. I will not trouble you nor take up my time with any detail, but give you the results to use as you see proper. Succrate of lime is a very definite thing chemically, and is soluble to any extent in solutions of sugar. To make it, it is only necessary to have lime, either caustic or hydrated, no matter which, associated with about three times its weight of sugar; but to render it soluble an additional proportion of sugar is necessary. The best proportion, practically arrived at, was one part caustic lime (or two parts hydrate or slaked lime), with eight parts of dry white sugar, rubbed together and poured into ten parts boiling water, and boiled a few minutes; then diluted with forty or fifty parts of cold water and filtered through white paper, and the filtrate evaporated until the residue is quite brittle when cold. This is then rubbed to powder, and best given in pill. The powder is, however, perfectly soluble in water, and if properly dried will contain between 8 and 10 per cent. of its weight of caustic lime. The powder may be dissolved in milk or any watery vehicle. A very good formula is to take of good clean well burned lime 400 grains, dry granulated white sugar 3200 grains. Triturate well together in a mortar, and then add the powder to  $\frac{3}{4}$  viii. of boiling water contained in a proper vessel (well tinned iron or bright copper answers), and boil the mixture with constant stirring for five minutes. Then dilute to two parts with cold water, and filter through white paper. Finally evaporate to whatever consistence may be desired. If the evaporation be carried on until the liquid measures a pint, each fluid ounce will contain about 24 grains of caustic lime, and this is about as dense a syrup as can be conveniently dispensed. If carried to  $\frac{3}{4}$  xii. each fluid ounce will contain about 32 grains of lime or 4 grains to the fluidrachm. But this syrup is too thick for convenient management in dispensing. If the evaporation be continued to dryness, great care must be taken to avoid discoloration and scorching as the fluid thickens and tends to bake on the bottom of the vessel. As it thickens it must be stirred continuously and kept from adhering to the vessel until all becomes translucent, tough and ropy. It finally becomes so tough as to be very difficult to stir properly, and when a small thread of it on cooling becomes very brittle and capable of being rubbed or crushed into small particles between the thumb and finger, the heating may be finished. When cold and brittle it should be rubbed to fine powder, and this powder, according to the extent to which the drying has been carried, will contain from 8 to 10 grains in the hundred of caustic lime.

The process is simple and easy, and requires so little skill and dexterity that any ordinary pharmacist of the most limited acquirements will be able to make it without difficulty.

With this statement and with the samples sent you by express to-day (expense paid) you can have no difficulty in getting it made by any one of the many good pharmacists in Boston. Yours, &c. E. R. SQUIBB.

Some further remarks on this subject, we are compelled to defer till next week.

*Springfield Society for Medical Improvement.*—If the Editors of the New York Medical Record will look again at the notice of this Society, which it copied from

the Boston Medical and Surgical Journal, interpolating Illinois as its habitat, it will see that Springfield, *Massachusetts*, is its local habitation. We are unwilling that our enterprising and industrious friends in that beautiful city should lose the credit of their professional zeal by being thus transplanted to the far West.

At the late annual commencement of Jefferson Medical College, Philadelphia, the medical degree was conferred on 150 graduates. Dr. Biddle delivered the valedictory address.

The Medical Department of the University of Maryland lately held its commencement exercises at Baltimore, when there were 75 graduates.

In the Medical Department of the University of Nashville, Tenn., the class of 1866-7 numbered 192; and the graduates, at the commencement on March 1, 56.

At the Miami Medical College, Cincinnati, Ohio, the graduating class at the annual commencement on the 1st of March, numbered 39.

The Ohio Medical College, Cincinnati, at the same time conferred the medical degree on a class of 47; and the Charity Hospital College of Cleveland, Ohio, held its commencement exercises with a graduating class of 25.

At the forty-sixth annual commencement of the Philadelphia College of Pharmacy, the degree of Graduate in Pharmacy was conferred on 42 candidates.

The commencement exercises of the Chicago Medical College were held on the 4th and 5th of March, the graduating class numbering 28, who received the degree of M.D., and the honorary degree was conferred on 5 other gentlemen.

Efforts are making to organize a State Medical Society in Western Virginia.

Dr. TRIQUET, the distinguished writer on aural surgery, in Paris, died in January last, in the forty-third year of his age.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 30th, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	43	31	74
Ave mortality of corresponding weeks for ten years, 1856-1866	42.8	36.5	79.3
Average corrected to increased population	00	00	87.59
Deaths of persons above 90	0	0	0

SURGICAL CASES IN THE MASSACHUSETTS GENERAL HOSPITAL—CORRECTION.—The third case, published in the present number on page 171, should have been printed as occurring in the service of Dr. Henry G. Clark.

BOOKS AND PAMPHLETS RECEIVED.—Backbone, photographed from the "Scalpel." By Edward H. Dixon, M.D. New York: Robert M. DeWitt.—A Treatise on Vesico-Vaginal Fistula. By M. Schuppert, M.D.—Fibrinous Bronchial Casts. By Stephen Rogers, M.D.—Seventh Annual Report of the Directors and Officers of the Longview Asylum for the Insane, Ohio, for 1866.—Transactions of the Vermont Medical Society for 1866.—Researches upon "Spurious Vaccination." By Joseph Jones, M.D. 1867.

COMMUNICATIONS RECEIVED.—Mental Toxicology.—Weaning.—Excision of Joints for Traumatic Cause.

DEATHS IN BOSTON for the week ending Saturday noon, March 30th, 74. Males, 43—Females, 31. Apoplexy, 1—inflammation of the bowels, 2—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 2—burns, 1—cancer, 2—consumption, 17—convulsions, 2—diarrhœa, 1—diphtheria, 1—dropsy of the brain, 2—scarlet fever, 1—typhoid fever, 1—disease of the heart, 3—hernia, 1—infantile disease, 3—congestion of the lungs, 1—inflammation of the lungs, 1—marasmus, 2—measles, 1—neuralgia, 1—old age, 1—rheumatism, 1—scalded, 1—smallpox, 7—disease of the spine, 1—suicide, 1—teething, 1—unknown, 9—whooping cough, 4.

Under 5 years of age, 25—between 5 and 20 years, 15—between 20 and 40 years, 17—between 40 and 60 years, 12—above 60 years, 5. Born in the United States, 52—Ireland, 17—other places, 5.

# MEDICAL JOURNAL ADVERTISING SHEET.

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Manufactured by the Pennsylvania Salt Manufacturing Company. We would bring to the notice of physicians the virtues of Strumatic Salt in the treatment of Scrofula and other kindred diseases.

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EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2041.] Thursday, April 11, 1867. [Vol. LXXVI. No. 10.

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**ALBANY MEDICAL COLLEGE.**—The next Course of Lectures in this College will commence on the first Tuesday in September, and continue sixteen weeks. Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge. Clinical Lectures are delivered in the Hospital three days in the week. Surgical Cliniques are held regularly in the Hospital and College.

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JACOB S. MOSHER, M.D., Chemistry and Medical Jurisprudence.  
S. OAKLEY VANDERPOOL, M.D., General Pathology and Clinical Medicine.  
JAMES E. POMFRET, M.D., Physiology.  
JOHN V. LANSING, M.D., Materia Medica.

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Ap. 11

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Veratrine,	1-24	Iodide Mercury,	½
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BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, APRIL 11, 1867.

No. 10.

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CONTRIBUTIONS TO DERMATOLOGY.

By SILAS DURKEE, M.D., of Boston.

[Communicated for the Boston Medical and Surgical Journal.]

No. I.—ECZEMA.

A DISCREPANCY of views has recently sprung up among dermatologists with regard to the position which this cutaneous affection should occupy. If its elementary type is selected as our guide, its general claims to be considered a vesicular lesion admits of no rational doubt. It is true that the original pimple, in some very mild cases, does not advance to the size and maturity of a perfect vesicle, as exhibited in ordinary examples of eczema. There is an arrest of development, and the eruption simulates lichen. In such instances, it is usually disseminated sparsely along the dorsal aspect of the forearm, on the neck, chest, &c. To the unaided eye of the observer there is perhaps no evidence that it is anything more or less than a true lichen; whereas, if these doubtful specimens are punctured with the point of a needle or lancet, their watery contents will frequently follow the operation, and thus afford ocular demonstration that the eruption is vesicular. But if they yield no serous fluid, they are only exceptional cases, and do not militate against the views of those who consider a vesicle to be the characteristic mark of the primary lesion of the disease under consideration. Occasionally, eczema is complicated by lichen, and hence we have an eczema lichenoides or lichen eczematodes, in which the characters of the two eruptions are blended together—vesicles and papules.

Eczema usually exhibits three different and well-marked stages in its history. The first is that of erythematous inflammation, more or less severe, with the superaddition of vesicles; the second consists in the formation of thin, yellow, superficial incrustations, formed in consequence of the bursting of the vesicles and the drying up of their contents, which occupy the adjacent excoriated and exudative surfaces; in the third, these incrustations disappear, the inflammatory action subsides, and the affected integument is covered with scales,

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resembling in character those of ordinary healthy epidermis. All these different stages may be present at the same time on the same person—the eruption commencing in one spot, while in another it has passed through its several phases and nearly disappeared.

Without invalidating the above remark with regard to the different stages of the disease, it may be stated in this connection that individual cases occur which show that the period during which vesicles continue to be developed is extremely variable—sometimes lasting only a day or two, while in other instances it is prolonged by the occasional appearance of a few vesicles throughout the whole course of the eruption.

#### *Eczema in Children.*

Although this eruption has the same starting points in the very young and in the adult subject, yet its physiognomy in the former differs somewhat from the features which characterize it in the latter. In the infant, its simplest type commences with small, slightly raised vesicles, sometimes closely crowded together and sometimes isolated. In a few hours, these vesicles become more prominent and transparent, and are free from any well-marked inflammation or redness at their base. In four or five days, more or less, they burst, and a discharge of a serous, limpid fluid is poured out upon the adjacent skin. Anon the discharge becomes turbid and less copious; the ruptured vesicles dry up; and, to an observer not entirely familiar with the natural history of the eruption, it might seem that it was at an end. Instances of this kind do occasionally present themselves, but, in a great majority of cases, the malady is of a much more serious and persistent form. Successive crops of vesicles arise; the adjacent integument is inflamed, and the serous exudation desiccates into yellowish laminae, which adhere closely to the subjacent tissue. The eruption may be quite circumscribed, and occupy but a very limited portion of skin, as, for instance, the summit of the scalp, or about the ears, the face, the arms, the hands or feet; or it may cover the entire surface of the body and limbs, and maintain its hold upon the little sufferer for several months, with repeated alternations of transitory amendment and relapse, whatever remedial measures may be used for its radical and perfect cure. But although with regard to its obstinacy and chronicity it may not be unlike what we meet with in the adult, yet the diseased skin of the infant with this complaint never presents that thickened, hard, œdematous, infiltrated, furfuraceous condition so common in chronic eczema in persons of mature life. The most extraordinary examples of the abnormal features here spoken of are to be found in aged people, especially when the morbid action has implanted itself on the lower limbs. These remarkable transformations of the cutaneous membrane, which every physician must often have seen in individuals of advanced age, are but the ulterior expression of the same diathesis which exists in the infant during the period of lactation, and which manifests its initial presence in a super-

ficial group of acuminate vesicles. The contrast is indeed great, and the medical philosopher finds in it a theme for profound study.

Of all the diseases that invade the human skin, eczema constitutes more than one third; and in children the hairy scalp is its most frequent locality. Perhaps, for all practical purposes, it will be sufficient to consider the eruption under two principal varieties or forms, namely, the acute and the chronic. These terms are easily understood; and, by employing them, all danger of confusion, misapprehension and obscurity of language is avoided. It generally makes its first appearance in the young subject at about the fifth or sixth month, that is, the period of the first dentition; sometimes much earlier. It breaks forth without any premonitory symptoms, except, perhaps, a slight itching of the parts. The vesicles burst about the fourth or fifth day of their evolution, and if the scalp is the part implicated, the hairs become agglutinated; and as the semi-opaque secretion from the ruptured vesicles continues to flow over the surface, which soon becomes inflamed and irritated, soft, small incrustations are produced. There is now considerable heat and redness in the parts. The foetid serosity oozes out almost constantly from beneath the incrustations; and when these are removed the surface is found to be inflamed, and from the open pores, on the site of the ruptured vesicles, the acrid secretions can be plainly seen to escape. The incrustations are reproduced in quick succession. They are irregular in outline, and are sometimes lamellar and imbricated, sometimes thin and soft, sometimes depressed, unequal, smooth, or rugous, and are usually moistened by the viscid secretion to which their formation is due.

Throughout all the active stages of the disease there is violent itching, which is apt to be more intense during the hours usually allotted to sleep than at any other time. The child scratches itself with a vehemence which it is distressing to witness. It forces its nails into the affected skin and tears off the cuticle in every direction; and, as a consequence, it is no uncommon thing to see the blood and serum trickling down along the lacerations thus produced—and for the time being we have no means of appeasing the irritation and suffering.

It is a singular fact that, notwithstanding the severity of the complaint in children, it is seldom that it produces any permanent modification of the normal structure, such as baldness of the scalp, or cicatrices in other portions of the cutaneous integument; whereas, in the adult, it is not uncommon to meet with alopecia, more or less extensive, as one of the consequences of the disease.

It has long been a popular tradition, and many learned practitioners of the present day entertain the opinion, that, if the serous discharge of eczema is suddenly arrested, the brain or some other vital organ will be endangered and the life of the patient sacrificed. Other physicians reject this theory as being entirely fallacious. We

once entertained the latter view of the subject, but as time has given us more extended opportunities for clinical observation, we have found occasion to modify somewhat our former views. If the excrementitious matter of eczema and other exudative eruptions in a young child is profuse, and has continued for some months, and is suddenly arrested, either spontaneously or through remedial measures, the result may be prejudicial to the welfare of the patient; more especially if the scalp is the seat of the eruption. In the adult subject there is little or no danger from a repulsion of the eruption. But with children, in whom a slight disturbing cause is not unfrequently productive of serious mischief, the case is quite otherwise, as clinical facts bear witness. Whoever has had much practical experience in the management of children suffering with the disease under consideration, cannot have failed to observe instances where the exudation has suddenly stopped, and the general condition of the patient has been thereby apparently rendered more uncomfortable and unsatisfactory. Mothers and nurses not unfrequently report that when the eruption has become crustaceous and dries up rapidly, the child seems to lose appetite, is more restless and feverish, and that the normal organic functions are performed with less regularity than when there is a free discharge; and one can hardly resist the conclusion that this discharge seems to act, for the time being, as a safety-valve to the system. The danger produced by the too sudden arrest of the secretion is rendered still more apparent by the fatal cases recorded by different authors. M. Caillault,\* an excellent French writer, relates the case of a child two years of age, which suffered for many months from a vesicular eruption "in a very high degree." The health was good, the external aspect, excepting the eruption, was highly satisfactory. Topical applications of the oil of cade were prescribed, with the caution that it should only be applied to a small surface at once, so that the cure might progress gradually. The nurse, in her misplaced zeal, covered with it the whole face and a portion of the scalp. Twenty-four hours after the sudden stoppage of the abundant secretion, the child was attacked with catarrhal pneumonia, so rapid in its progress that nothing could check it. M. Brequet has witnessed an analogous case, in which death supervened from a cerebral affection. Recently there was in one of the wards of the Hospital for Sick Children, under the care of M. Sée, of Paris, a boy six years of age, with a dartrous affection of the face; every time the eruption disappeared, the patient was seized with a violent attack of asthma. Such cases as these are doubtless rare, and we would not by any means attempt to magnify their importance in connection with the subject before us; nevertheless we may find in them, and in other instances of less gravity, sufficient grounds for cautious therapeutic measures in our dealings with the disease in question.

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\* Diseases of the Skin in Children.

Dr. McCall Anderson says:—"I have rarely witnessed any bad effect even from the rapid removal of the disease. That deleterious effects are occasionally witnessed, however, I am quite prepared to allow."—Page 45.

Burgess, in his "Treatise on Eruptions of the Face, Head and Hands," remarks:—"It should be borne in mind that in children particularly, eczema of the face and head is often a salutary discharge, which it is dangerous to heal suddenly."—Page 33.

There exist in science so many facts of this kind, which have been collected by practitioners of every period, and which, consequently, are above any suspicion of preconceived theory, that it is impossible not to admit the relation of cause and effect between the sudden stoppage of the plastic exudation and the production of various diseases which suddenly appear. Moreover, both physiology and pathology can account for facts of this kind.—M. CAILLAULT, p. 57, 2d English Edition.

It is not difficult to discover in the premises a sort of quasi-physiological function which may not be rudely assailed with impunity; we likewise perceive, as we do in measles, scarlatina, urethritis, parotitis, &c., certain relations of equilibrium and bonds of sympathy between different organs and tissues, which, although not always well understood, we know to exist both in health and disease.

In spite of the best treatment that can be adopted, eczema is exceedingly prone to pass into a chronic state, and to be prolonged for many months or even year after year, with only occasional exemptions from any actual manifestations of its presence. Each season of truce is interpreted by the immediate friends of the child as indicative of the final subsidence of the malady; but not many months pass before there is a renewed attack, and a very remarkable morbid condition ensues.

We will assume now that the eruption has become chronic. The observer notices, at a glance, that it presents a variety of aspects; and the several anatomico-pathological elements which appear simultaneously on different parts of the surface offer no little embarrassment to his judgment, as to the appropriate nosological position in which the eruption should be placed; for, taken as a whole, it consists, so to speak, of a heterogeneous multiform character which seems to be unconformable to any exact and classical nomenclature of the dermatologists. For instance, the physician is called for the first time to see a young child which has had for some weeks a cutaneous eruption, commencing with a small circumscribed blotch of pimples, causing but little disturbance at first, but soon augmenting in size, becoming vesicular, itchy, and yielding an ichorous discharge which irritates the neighboring skin, which in turn takes on a similar action; and thus the local disease spreads in all directions. From the account given by the nurse of the development of the disease, it is evident that its primal type was eczema papulosum; but

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it is seldom that eczema presents the simple attributes here enumerated, or that it can be represented by one single term; and accordingly, in the case supposed, the physician finds that different portions of the skin are occupied by eruptions which are seemingly different as elementary lesions; and it is only by patient study of these several existing forms or varieties that any embarrassment or confusion of judgment can be cleared up, and that he can be reconciled to the theory and the fact that each one of the different phases of the eruption in the case before him is to be regarded as a true representative of eczema. They simply constitute the several pathological conditions of the skin arising during the progress of the disease; and they fully justify the appellations which the ablest writers on cutaneous pathology have employed, but which to the general practitioner may sometimes appear superfluous and obscure. But let us look at the supposed case before us more minutely. The eruption is general. Its leading feature in one place is extreme redness. This is a specimen of eczema erythematosum. In another portion of the skin, it is raised into little papules as a leading mark. Here the case is an eczema papulosum. In another part of the skin, vesicles constitute the prominent sign or condition, and we have an example of eczema vesiculosum. In still another region, the exudation may be excessive and constitute a leading feature, and then we have an eczema ichorosum. If pustules are scattered here and there within the precincts of the diseased surface, as is very frequently the case, then eczema pustulosum or impetiginodes is the appropriate name. If the morbid action has continued a long time, and a dry, scaly condition of the epiderm is a chief characteristic, then it is an eczema squamosum. When this last named variety is seated on the scalp, the hairs are frequently enclosed in the glossy, thick, silvery scales throughout their whole length, at the same time forming them into little delicate meshes; and this condition led Alibert to compare it to asbestos, and is described by him under the name of *porrigine amiantacée*. Chronicity is one of its most constant and undesirable attributes. It has sometimes been mistaken for pityriasis, and it is by no means always easy to point out the difference. There is, however, a difference. The scales of the former are thicker than those of the latter. They have always been preceded by a more or less humid condition of the scalp; whereas this is not the case with pityriasis, which is a strictly squamous affection from the beginning. The scales in pityriasis are also thinner, drier, and more adherent than those of eczema.

Eczema squamosum usually appears at a later period of childhood than the other varieties; and is in reality but a sequel of some other form of the eruption which has probably existed for a long time. The different appearances presented by eczema in the course of its development and progress fully justify the names above given to its different forms. They show that the eruption undergoes several

metamorphoses, but does not lose its identity; it is still eczema; and the idea that it has changed its character so as to be called with propriety by any other name, as impetigo, porrigo, tinea, psoriasis or pityriasis, is entirely erroneous. It seems unphilosophical to hold that one disease can be converted into another, and yet Wilson leans to this view.

Some dermatologists make still other varieties of eczema, according as it is partially developed in certain situations; so that we have, for instance, eczema capitis, eczema aurium, eczema palpebrarum, eczema pudendi, eczema perinæ, eczema digitorum, eczema inguinum, &c. The foregoing varieties or divisions are appropriate ones, and, by adopting them, we avoid circumlocution. They might be extended still further, but perhaps those already given will suffice.

In some quite severe and obstinate cases, where the child is naturally robust and well cared for, the mucous membrane remains undisturbed; while in other cases the mucous lining of the nose, eyes, mouth, bronchial tubes, and alimentary canal affords unmistakable evidence of participating to a greater or less degree with the cutaneous affection, in the excessive mucous or catarrhal discharges from these parts. The lymphatic cervical and axillary glands are generally swollen, and give rise to chronic adenitis which not unfrequently advances to suppuration. In not a few instances, especially among the poorer classes, where the child is subjected to unfavorable hygienic influences, there is evident mal-assimilation; the patient becomes anæmic, wastes away, the muscles become soft and flabby, and if the patient possesses a pyogenic diathesis, the deeper portions of the derma are engaged in the morbid processes. A low degree of inflammatory action sets in; and little abscesses form upon some portion of the scalp, about the ears, in the axillæ, and on the hands, fingers, and toes; and the mother is in a state of anxiety, from the groundless apprehension that her offspring is the victim of that much abused malady—the scrofula.

In a majority of cases of infantile eczema, the disease is traceable to hereditary predisposition. It is usually found, upon inquiry, that one or the other of the parents or grandparents has been affected with the complaint. Deficient lactation or bad milk will bring it out. This fact is not unfrequently illustrated where mothers have a deficiency of nourishment for their children, or foolishly insist upon nursing them for too long a time—some sixteen or twenty months. Dentition is sometimes an exciting cause; so also is vaccination; and physicians are thus wrongfully blamed for using impure matter, because as an occasional, but unavoidable sequel to vaccinia an eczematous eruption supervenes, especially in young children with an excessive lymphatic temperament. The eruption in these cases usually commences near the spot where the vaccine virus was inserted; but at other times at a distance, as on the head, nates, and genitals. The most trivial causes that disturb the normal processes

of digestion and assimilation in the young infant are sometimes sufficient to induce the eruption; as, for instance, a chill or a little feverish attack of a day or two, or a sudden fright experienced by the nursing mother.

Mothers and wet nurses, having the care of infants suffering from eczema, often put the question—is it contagious? The attending physician should give a qualified answer. If the eruption, for instance, is on the face or head, and is accompanied for the time being with copious discharge, it is not strange that its irritating qualities should produce a similar eruption on the tender skin of the breast or arm of the nurse in suckling the child; or if she sleeps with it and it nestles up to her, as is usual, she is liable to be affected in like manner. But this liability is to be measured in part, at least, by the susceptibility of the exposed person. Considering the pathological condition of the child, and its relations to the nurse under these circumstances as a source of injury or poison, we are reminded of what may happen when one comes in contact with the poison oak (*Rhus toxicodendron*). In some individuals of peculiarly delicate skin, it is well known that handling the leaves of this shrub will produce itching, inflammation and vesicular eruptions, similar, although not identical with eczema; while other persons alike exposed do not suffer. In the case of the eczematous child, it is certain that it can and does inoculate itself; and the same acrid discharge, when long or often in contact with the skin of a healthy person, may act as an irritant and produce an eruption. Such instances have transpired within our own knowledge; and it is presumed have been observed by the readers of this communication. And yet, in the ordinary sense of the word, eczema is not contagious.

[To be continued.]

SYNOPSIS OF CASES TREATED AT THE SURGICAL CLINIQUE OF  
THE BOSTON DISPENSARY, DURING SEPTEMBER,  
OCTOBER AND NOVEMBER, 1866.

[Reported for the Boston Medical and Surgical Journal by DAVID W. CHEEVER, M.D.,  
one of the Visiting Surgeons.]

THE total number of surgical cases treated during my term of attendance was 1901. Of these there were 400 teeth extractions, leaving the number of surgical cases 1500.

As to the more common diseases, there were—affections of the eye, 80; ulcers, 40; cases of paronychia grava, 22; abscesses, 21; fractures, 18; dislocations, 3; needles extracted, 4; affections of the bursæ, 8; herniæ, 5; several each of enlarged prostate, stricture and retention; and very many cases of phlegmonous erysipelas—making a total of these classes of about 200.

The remaining 1300 cases embraced every variety and grade of minor surgery, and were too numerous to specify.

The average daily attendance was between 30 and 40.

We propose to allude to some of the more interesting cases in detail.

There were six cases of severe alveolar abscess—opening into the nares, on the outside of the cheek, or beneath the chin. In these cases the pus formed at the base of the fang in the alveolar cavity, had bored its way through the alveolus, below the line of reflection of the mucous membrane of the mouth, and had opened externally. Some of these were relieved by extracting stumps of teeth; and one by removing a considerable portion of the alveolar process. Many were aborted, when seen early, by incision or extraction.

Of the eight affections of the bursæ mucosæ, three were over the patella, three over the wrist, one in the sheath of the extensor tendons of the hand, and one was developed beneath the tendon of insertion of the semi-tendinosus muscles.

The early cases were cured either by subcutaneous evacuation of the cyst at several points with a needle, and then applying pressure, or by blistering and iodine externally. Two chronic and obstinate cases were cured by setons, inducing suppuration. The bursa beneath the semi-tendinosus was diagnosticated, and proved by puncture with a grooved needle. It had been thought by others to be a periosteal swelling. Its contents were thick, jelly-like synovia. It was about as large as an English walnut, and the patient was an old man. It occasioned him some inconvenience. It is a rare bursa, and does not usually communicate with the knee-joint, as bursal tumors of the ham are apt to do.

One case of loose cartilage of the knee was seen.

Carbuncles, occurring usually in very feeble and underfed subjects, were incised subcutaneously, and under ether, to avoid the hæmorrhage consequent on dividing the skin, and to lessen the shock. It is very possible that local freezing might have answered the same purpose. The sloughs seemed to loosen and escape equally well with those treated, elsewhere, by crucial incisions.

One case of chancre in each corner of the mouth, in a young girl. Several cases of soft chancres existing both around the anus and the labia, but the former probably the result of filth, and extension from the latter. A paraphymosis, reduced by traction, in a boy four years of age. Gonorrhœa in a lad not ten years old. No cases, this year, of vaginal discharges in young children, ascribed to rape, though several in previous terms of service.

The 22 cases of whitlow alluded to were all of the severe and deep variety. Many of them had become palmar abscesses; and one had sinus extending up the forearm, and ended in amputation. The almost incredible obstinacy of the victims of felon in refusing incision until the suppuration has extended up several phalanges and destroyed the bone, continues the same year after year. It certainly is one of the most lamentable results of ignorance about a cura-



ble affection, which affects and impairs the working power of the laboring classes more than any other. Several, threatening deep suppuration, were aborted by early incisions, which relieved tension, and gave exit to more blood than pus. This was particularly the case with phlegmons arising from pricks of fasciæ. A number of felons were opened while chilled by ether or by rhigolene. The latter freezes much quicker and deeper. Pain was annulled when the knife entered; but it seemed to us that the pain of reaction was much more severe than when nothing was used.

We have observed, in connection with the phenomena of fainting after minor surgical operations here, that the patient often goes through a slight epileptiform convulsion before becoming unconscious. This is apparently due to anæmia of the brain. Whether or not this is the precursory state of the brain in true epilepsy, before a convulsion, we are unable to say.

Rhigolene was used a number of times in extracting teeth, with success when the tooth was favorable to extraction at the first moment, but not otherwise.

Of the 18 fractures, there were several of interest. One case, in a child, of apparent separation of the upper epiphysis of the radius from the shaft. Another, in an infant, of evident separation of the lower epiphysis of the radius, simulating Colles's fracture. Both these got good results from treatment.

Partial, or "green-stick," and sub-periosteal fractures of the forearm. Three fractures of the condyles of the humerus. In two, treated in the country, rupture of the external lateral ligament, tilting of the broken condyle outwards, and apparent dislocation of the forearm inwards, on extension. These latter derived no benefit from treatment.

There was one case, in a child, of spontaneous, or natural cure of a fracture of the clavicle, without apparatus, and without confining the arm. It was not known what was the matter with the child until brought to the Dispensary for diagnosis. There was but slight deformity, and a moderate callus; these were enough to verify a fracture, but no more than we often see as the result of treatment. All the fractures of the clavicle were treated by Velpeau's bandage, with the hand raised to the opposite shoulder, and the arm bound to the side in an "*appareil immobile*." Until this was used, no apparatus could be kept on these children, often young, and always poor and neglected.

We have used, with much satisfaction, the glue bandage of Mr. Morgan. It is made with common boiled glue, to which one fifth part alcohol is added, to keep it. It is applied to the bandage with a brush. It is firmer than starch, dries very quickly, admits of being slit up and having eyelets inserted, and is both cheaper and of easier application to Dispensary patients than the ordinary starch bandage.

Cases of onychia maligna are common among children at the Dispensary. It is a very obstinate affection, and we have several times amputated the last phalanx to relieve a child worn down by weeks of irritable ulceration at the root of the nail. The past season, we attempted to dissect out, under ether, the matrix of the nail, but ineffectually. Although we went both far back and deep with our incisions, the nail began to grow and ulcerate again in each corner. It was now treated with nitric acid, as recommended by Mr. Annandale, but without much benefit.

A young woman presented herself with a singular paralysis following a fall upon the occiput, several weeks before. There was no lesion upon the head. There was paralysis of the levator palpebræ and external rectus of the *right* eye, with an impairment of quick contraction of the iris. Also, paralysis of the *left* facial and *left* hypoglossal nerves. No other paralysis whatever. When last seen, she was improving very slowly. It seems probable that an effusion took place about the pons Varolii, affecting the origins of some nerves on one side and some on the other. The serum was absorbed quickly; but the clots of the extravasation remain, to be absorbed much more slowly.

There was one case of abscess in the ischio-rectal fossa, in a young man, which healed without fistula or urinary trouble, after an early and free opening.

A wretched infant of eight months was brought with prolapse of the rectum, following diarrhoea and whooping cough. This prolapse was of the third, or worst variety described by Mr. Cooper Forster. The rectum protruded several inches constantly; and, when returned, fell down at once, without any power of retention by the sphincter. We concluded, at once, that nothing could be effected without a mechanical support. One was contrived, as follows:—A waist-belt, supported by shoulder-straps of elastic, had, descending from its middle, behind, a spring, like a truss-spring, which curved forwards under the perinæum. To this spring was attached a wooden ring, which pressed upon the margins of the anus. Two elastic perineal straps held it always in place. This was not taken off during defæcation, that being the time when protrusion of the bowel would occur, but kept on constantly, the fæces passing through the ring. The rectum was allowed to protrude every two days, and was painted with perchloride of iron. Relief was immediate and permanent. The apparatus was left off at the end of four weeks. It had occasioned no excoriation.

A case of small, rodent ulcer, of a year's duration, was healed after applying nitric acid fortior.

One case, tapped for hydrocele, gave exit to eight ounces of cloudy, whitish fluid, full of spermatozoa.

Hydrocele in children was readily absorbed by the external use of iodine.

## THE PATHOLOGICAL PHYSIOLOGY OF THE BRAIN IN CHOLERA.

By Dr. E. MESNET, Paris.

[Translated for the Boston Medical and Surgical Journal by THEODORE W. FISHER, M.D., Boston.]

DURING the last epidemic of cholera, through which we have just passed, I have had under observation many cases, the study of which has induced me to assign an important part to the nervous system in the evolution of this terrible disease.

If cholera has remained heretofore unknown in its nature and essence, we have at least clinically established the sad effects which are its invariable characteristics, viz., depression and exhaustion. All the organic functions are in turn attacked, and the patient passes with rapid steps towards collapse and death, unless reaction appears. It is not in external appearances of strength that we ought to seek the measure of resistance to this progress, but rather in the coöperation of those intimate and radical functions of the ganglionic nervous system. With some, the reaction is promptly and energetically established; others remain weak for a long time. The former regain lost ground easily, and are able to ascend the declivity on which their steps have been arrested; the latter succumb without an effort, or die of complications of which cerebral accidents form a large proportion.

Cholera is, then, a disease of two aspects and two periods, opposite and distinct—one of prostration, the other of reaction; both full of peril, and nearly alike as to mortality. To the first belong functional derangements of nervous ganglionic life; in the second occur those cerebral complications to which we wish for a moment to call attention.

Sometimes simple, sometimes modified in character by special idiosyncrasy, or by former habits, which impress on its course particular tendencies, the reaction is so much the better as the functions are reëstablished equably, without undue haste, and with a return of the secretions and exhalations, and as there is awakened in the patient a feeling of hope in proportion to the change in his symptoms. Whenever this has been the case, we have seen our patient leap, as it were, from sickness to health, five or six days sufficing for complete recovery. But the period of reaction, aside from serious complications, at times presented us with isolated phenomena, whose causes ought not to escape notice. There were persons surprised, as it were, by the epidemic while in a moderate state of alcoholic intoxication, who would have had no cerebral trouble had their health not been suddenly affected; but, when seized by cholera and exhausted by vomiting, purging, and low diet, the alcohol was enabled to take effect through the debility of the system.

With three of these cases, we were able from the outset to verify a train of symptoms nearly resembling an inflammatory condition. One of them, attacked five days before, presented himself on the

sixth day, with a hot skin, perspiring profusely, the pulse at 108, the expression animated, &c. He had only had the vomiting, purging and cramps of cholera, with no coldness or lividity. About the tenth day his mind, previously intact, was in turn affected; it was not the sluggish perception of the cold stage. There was, on the contrary, loquacity, incoherence of ideas, and soon after hallucinations of sight, which became exaggerated during the night, but showed a tendency to disappear in the morning. Under their influence, he arose and attempted to leave the ward, neither knowing what he did or where he was, his hands trembling, his steps uncertain, his look bewildered. This condition lasted three days, after which convalescence began.

This was really an attack of delirium tremens, such as often occurs during pneumonia. In two other cases, where the termination was no less favorable, the same accidents were developed under the same influence, and in all three the reaction gave evidence of the effects of alcohol. It should be remembered that we did not have to deal with those whose constitutions were exhausted by excesses; they were all vigorous young men, and far from being in a state of cachexia. They even found in the use of alcohol the cause of a hasty reaction.

What we have said, however, does not invalidate the opinion of many authors, and confirmed by experience, that persons in a state of alcoholic cachexia are as quickly and as severely attacked as those enfeebled by any other form of cachexia.

In connection with this group of patients, sustained, as it were, under the depressing influence of the epidemic, let us examine the cerebral state of patients more severely affected. It is sufficient to have examined one such case to be struck with the discord which exists between the nervous functions of animal life and of the life of relation. I know of nothing more touching than the aspect of the stage of collapse, when the patient is continually agitated, his features and skin corpse-like, all visceral action and every organic function apparently extinct, yet preserving his intelligence, and perhaps conversing with you at the last moment. There is no vivacity, his ideas are slow, his memory needs prompting; but his attention gained, one obtains precise information and correct responses. This state is not the coma of cerebral diseases, but a kind of dulness which results from the general exhaustion of organic life. The benumbed senses also play a part in the torpor of the cerebral acts; less sensitive to external excitants, they transmit imperfect impressions, followed by obscure sensations—the hearing is dull, the sight feeble, the general sensibility obtuse.

When the cold stage is modified by approaching reaction, the intellectual faculties lose this dulness. The patient, who has now a clearer sense of his condition, keeps an unquiet eye on all which transpires.

There is no doubt that the commission charged with considering what special care is required by cholera patients, took into account the actual condition of a man lying in a cholera ward, at the moment his mind becomes active. They should have considered his surroundings. What must be the effect on such a patient who sees around him the dead and the dying? Would not the cries and complaints of his neighbors have the most deplorable influence? Would not his courage be shaken, when everything should tend to sustain it? These important questions ought not to have been passed over in silence; besides, the moment the theory of contagion was adopted, classification became necessary. As for myself, accustomed to the study of the influence of the moral on the physical state, and a witness every day to their intimate relations, I have not ceased during the whole epidemic to consider all these questions with great care. Thanks to the convenient arrangements at the Hospital St. Antoine, I have been able to classify my patients according to the stage and degree of their disease, and thus to avoid in a great measure this bad influence. Of the two wards St. Etienne and St. Eloi, entirely separated, the first was exclusively devoted to new cases, while the second was continually occupied by convalescents, or those in whom recovery could be foreseen. Our frequent visits, and attentive examination of each case, morning and evening, enabling us to follow, step by step, the rapid changes of the disease, reduced the sad effects of the want of classification to almost nothing.

I will go still farther, for I believe that the different objects of these two wards, well known to our patients, has served as a stimulus, if not to hasten, at least to keep the reaction in view. As soon as improvement has begun, we have seen them demand to be removed to the convalescent ward, and experience great satisfaction in the promise of it. This desire and the hope of change, opportunely held out, have been powerful aids, which we have used as much as possible to re-awaken the action of those salutary influences which cholera tends to destroy by its depressing nature. The death of two of our patients has seemed to us directly owing to the unhappy moral conditions produced, in one case, by the repeated visits of unfriendly acquaintances, and in the other by the discouragement and demoralization expressed by these words, "*I am lost!*" which he repeated continually.

The functions of the brain, which we have just seen preserved in the midst of the dangers of collapse, may be compromised during the period of reaction, and become, in turn, symptomatic of dangerous pathological conditions. Six of our patients were attacked on the fourth or fifth day of the reaction with symptoms of meningitis. Four of them died and two recovered, but it should be observed that in the last two cases it did not reach its full development. After the application of leeches to the mastoid processes and the use of saline cathartics, the reaction resumed its regular course.

The four cases where death ensued had not been originally severe; reaction was easily and moderately established, and was progressing favorably, when suddenly it became irregular and vacillating. The patient complained of headache, the eyes were brilliant, conjunctiva injected, mouth dry, and soon a noisy delirium, with restlessness, followed. These inflammatory symptoms, together with floccitation, subsultus tendinum, contraction and irregularity of the pupils, at times trismus, and all the time stiffness of the neck and drawing back of the head, had been common to all four.

In two of the cases, there existed from their entrance an anomalous symptom, which testified to a disturbance of the nervous system, already profound. This was complete anæsthesia of the whole surface of the body. This disorder of the peripheral sensibility, which was peculiar to these two cases, and which seemed to be an isolated fact, not in accordance with the other symptoms, early fixed our attention on the possibility of other accidents to the nervous system. It was towards the fourth day of a good and regular reaction that meningitis occurred.

[To be continued.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, APRIL 11, 1867.

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### THE MULTIPLICATION OF MEDICAL SCHOOLS.

In our last week's editorial we incidentally alluded to this subject, and are tempted to recur to it. During the present session of our State Legislature two new medical schools have been incorporated, and the question naturally presents itself, whether such an increase in the provision for medical education is called for by any existing necessity. Any one running his eye over the long list of similar institutions distributed all over the United States, must feel that the burden of proof as to the existence of such a necessity ought to rest upon those who ask for an addition to their number. We well remember the astonishment with which, in answer to an inquiry made to us a few years since in Vienna by a Hungarian physician, as to the number of medical schools in the United States, our reply that there was "at least one to every State, and in some there were two or even more," was received. "Why," said he, "in the whole Austrian Empire we have but three!" Our national pride did not permit us to weigh the comparative merits of the schools of the two countries; and for aught he learned from us, each one of our numerous lecturing establishments might claim equality with the world-renowned School of Vienna.

But really this is a serious evil—this readiness of our State Legislatures to give the authority to create doctors of medicine to any decent body of petitioners or any incorporated literary institution. It is one of the fruits, no doubt, of our free government, but one which does little credit to the wisdom or enlighten-

ment of our legislators. Far from being an evidence of intelligence and culture, it is a proof of ignorance and narrowness. It comes from a want of knowledge of what a proper school of medicine should be, and a desire, doubtless often well meant, but too frequently most paltry and timorous, to avoid the charge of sustaining monopolies. Thus it has come to pass, that at the very moment when a vigorous effort is being made by the American Medical Association to raise the standard of professional education throughout the land, to require a more thorough literary training before admission to the medical schools, to establish a more uniform system of tuition throughout the States, and thus to create a body of enlightened, thoroughly trained and competent men for the responsible office of guardians of the public health, these efforts are constantly antagonized by the creation of new establishments by our State authorities for the manufacture of medical diplomas, which, for all that the community knows, are just as good a warrant for their confidence and honor as those conferred by the ablest faculty in the land.

If we are rightly informed, the existing medical schools of Massachusetts did not think it advisable, while the question was pending, to offer any direct opposition to the movement of which we have been speaking. We suppose that in adopting this course they were actuated by the feeling that any such opposition would be useless and would recoil upon them to their disadvantage. Very likely this might have been the case; but we are sorry that some effort was not made to enlighten our law-givers as to what a medical school ought to be, and the capabilities of those already existing.

It is an axiom with the medical profession, that no medical school is worthy of the name or should have the right to confer the degree of doctor of medicine, which has not at its command clinical advantages. And yet at this moment the institution of this class which counts the largest number of pupils in this country, is said to be absolutely wanting in this important department. Think of a man's being licensed to undertake the responsible charge of a case of pneumonia or pericarditis with only a book and lecture knowledge of auscultation! It is bad enough for a graduate of medicine to be entirely unacquainted with the physiology of many of the commonest cases of infantile disease, such as the exanthemata for instance, as is too often the case—but to be absolutely unacquainted with the interior of a hospital, as we are informed a graduate of the institution we have referred to may be, is an abomination indeed.

We admit that it is a difficult thing to draw the line between an unjust favoritism to existing schools, and a ruinous competition by throwing down the barriers and letting in the whole world to a general scramble for the rights and honors of the doctorate. But, difficult as it may be, it is not impossible; and it is time that those of our profession who have worked hard for and feel some pride in the degree which they append to their names, should make an earnest effort, through the American Medical Association or by outspoken remonstrance and energetic action in their own immediate circles, to stay the progress of the flood which threatens to sweep away everything connected with it which makes it worth having.

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*Our Catarrhal Holiday.*—This is the time to consider, before it is too late, whether we desire to see those misguided *paper wreaths and blue noses* whistling in the inclement blasts of Boston Common on the first of May; a day of conventional and inhuman enjoyment, on which, as Sydney Smith would have

said, A decided that B shall agree to enjoy seeing the child C shivering in a white cotton frock and paper flowers. Dr. Jarvis would do good service by collecting statistics of the colds, catarrhs, coughs and diphtherias thus engendered. We now, and here, earnestly advocate the substitution of the fifteenth of May for the present imported holiday, which belongs to an earlier spring than ours. We speak also in behalf of the annual crop of enthusiastic but inexperienced couples who visit the suburbs in fruitless pursuit of flowers, which are wise enough to stay in their beds till warmer weather.

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*Syrup of Lime in Acute Rheumatism.*—Want of space in last week's JOURNAL compelled us to defer a word or two which we wished to append to Dr. Buckingham's communication. We have found great difficulty in getting a properly prepared article in answer to our prescriptions. The difficulty seems to have been, that apothecaries have failed to use *boiling* water in its preparation. Any temperature short of boiling is insufficient, and surely leads to failure. Dr. Buckingham has taken the most effectual method to secure a thorough trial of the new remedy. We learn that he has treated a dozen cases of acute rheumatism during the present season, with syrup of lime alone, and that the average duration of the disease has been ten days. In no instance did he give a single opiate. So many remedies have been vaunted in times past as having special power in this disease, that we are not, nor do we understand Dr. Buckingham to be, oversanguine with regard to this. His special purpose at the present time is to secure, if possible, a widely extended trial of it. We should be glad to publish in this JOURNAL the results of the experience of any gentleman with this remedy which he may be pleased to communicate to us.

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*A Society of Experimental Therapeutics* has recently been created in France, of which the leading members are Professor Trousseau, Dr. Pidoux, Dr. Guéneau de Mussy, Dr. Gubler, Dr. Herard, &c. The chief purpose of the Society is to ascertain, through experiments on living animals, the real properties of active drugs, which clinical observations on the human subject cannot always determine with a sufficient degree of scientific accuracy. Some interesting communications, by Dr. Moreau, the physiologist, on the action of belladonna, were discussed at the first meeting.

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*Faculty of Medicine of Paris.*—By Imperial decree the following professors have just been appointed:—MM. Lasègue, Pathology and General Therapeutics; Vulpian, Pathological Anatomy; Sée, Therapeutics and Materia Medica; Broca, External Pathology; Axenfeld, Internal Pathology; Hardy, Internal Pathology. It is said that Professor Nelaton is about resigning the chair of Clinical Surgery.

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*Jubilee of Professor Hebra.*—Professor Hebra, doubtless the most distinguished teacher of dermatology that has ever lived, having recently completed twenty-five years of instruction in this department (as we learn from the *London Medical Times and Gazette*), it was determined by his past and present pupils to give him an ovation. On the Professor's entering the lecture-room "he was received with loud cheers by a crowded auditory, and his assistant, Dr. Kohn, delivered



an oration, setting forth in emphatic terms how much dermatology stood indebted to his labors, and presented him an address enclosed in a luxurious and artistic envelope." In reply, the Professor reviewed the recent progress of his favorite science, and dwelt upon the stimulus he had derived from the critical and creative mind of Professor Skoda. In the evening, a more limited number of Professor Hebra's admirers honored him with a banquet.

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*Influence of Hygienic Measures on Public Health. Algeria.*—The eminent English hygienist, Dr. John Sutherland, in a letter to Dr. Edward Jarvis, of Dorchester, writes as follows:—

"I have had two reasons for delaying writing. First, I was sent into Algeria and across the country as far as the Sahara, to examine, with my colleagues, into the causes of the reduced death-rate in the French army. Since then, I have been several times in Spain, and at Gibraltar, with reference to the epidemic cholera; and I expect to have to go, very shortly, up the Mediterranean on a similar work.

"The French experience is very startling, both as regards the causes of high death-rates in Algeria and as to the means of reducing them. You will see what they are when I send you the report. There is nothing new, at least theoretically. They have arrived at the results simply in the way of forced experience, and in this road they have reduced the army death-rate from 80 to 13 per 1000. Among the civil population, also, the reduction has been from 10 to 2½ and 3 per cent.

"There are many parts of America in which the local conditions must be very much the same as in Algeria, and it would be a very interesting subject if the progressive reduction of your death-rates, as agriculture and drainage advanced in the semi-tropical regions, could be brought out. Perhaps this has been done officially. If not, it would be very important that it should be done.

"In Algeria, the experience stands thus:—Create a village on a flat, undrainable plain, and begin to turn up the ground for cultivation; your death-rate will be 10 per cent. Year after year, however, as the culture progresses and successive crops are taken, the death-rate will fall until it reaches the normal rate. In some of the most pestiferous districts in the world, the population is now as healthy and red faced as in England, and this has been done by agriculture and drainage, chiefly.

"They find that the earlier years of culture are always the most fatal to life, but that the death-rate can be kept down by various precautions, the most important of which consists in living and sleeping away from the work."

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*Clitoridectomy for the Cure of Epilepsy.*—In connection with this subject, which we noticed two weeks since, the following extract from a lecture by Dr. Brown-Séquard, published in the London *Lancet* of January, 1866, is worthy of much consideration:—

"An able surgeon has lately treated several kinds of functional nervous affections by extirpation of the clitoris. That this operation may sometimes be useful there is no doubt at all. But I cannot look upon this mode of treatment as one that should be employed in other cases than those in which a distinct aura starts from the clitoris, or in those cases in which that organ is morbidly sensitive and much hypertrophied. There are cases of nervous complaints, due to masturbation, in which the clitoris has been extirpated without any durable benefit as regards the nervous affection, or even as regards the masturbation. In women, as well as in men, the only decisive means against masturbation is the production of a small ulcer (by caustics or the red iron) on parts of the genital organs that are unavoidably touched or moved in the act of self-abuse, so that

every attempt to accomplish the act, either with or without the help of the hand, is so painful that the patient must give it up."

We would add to the above that Mr. Baker Brown and his associate, Mr. Philip Hardy, as appears by a note published in the *London Medical Times and Gazette*, have determined not to perform the operation of clitoridectomy in the London Surgical Home, "pending the professional inquiry into its validity as a scientific and justifiable operation."

---

*The Endoscope. Illumination by means of the Magnesium Light.*—Prof. E. Andrews, of Chicago, has employed the magnesium light to great advantage in the use of the endoscope for examining the urethra. In a communication to the *Chicago Medical Examiner*, he says:—

"The result was to illuminate the urethra magnificently. The mucous membrane, with every little fold or patch of varied color, was as plainly in view as could possibly be desired. It could not have been seen any better, had it been dissected and laid in the sunlight. By gradually withdrawing the tube, the whole of the canal may successively be seen as it collapses across the end of the tube. Seeing the performance of this illumination, I have ordered a spring and some small wheel-work attached to the lamp, so that the wire may be made to advance into the flame without the help of an assistant. In this way, no doubt, the difficulty of the illumination will be fully overcome, and the urethra can be inspected almost as easily, and quite as perfectly, as the tongue."

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*Singular Parasite.*—Dr. Ernst Schmidt exhibited to the Chicago Medical Society a specimen of a very unusual parasitic worm, with the following history:—An American girl, 10 years of age, weakly, and of scrofulous diathesis, had suffered for some time from capricious appetite and pain in the upper portion of the abdomen. Two weeks ago, she complained of pain in the left shoulder; at the seat of pain there soon appeared a slight elevation, tender to the touch, slightly red, from which, in a short time, a small worm was observed, endeavoring to escape. If disturbed, the worm withdrew its head beneath the skin; by gentle pressure, however, it was forced through the small opening it had made. A similar swelling appeared behind the left ear, from which another worm made its escape. Thus far, eight elevations have appeared in different portions of the body, from which five worms have been secured. Some of these elevations were neither red nor very tender on pressure. Palpation gave the sensation of a foreign body under the skin. The efforts of the worms to pass through the skin caused no pain nor hæmorrhage. The small opening closed readily, and the elevation soon subsided.

The child, during this time, was nervous and irritable, the pulse being, at times, as low as 40 per minute. The application of mercurial ointment caused the elevations to disappear. In all cases where this was applied, the worms seemed to pass upward from their original position towards the head. The child was not in the habit of eating either raw meat or vegetables. There were no indications of other parasitic worms in the child or other members of the family.

The worms were about five eighths of an inch in length, quite transparent, and divided into eight sections, with an alimentary canal running nearly straight from the anterior to the posterior extremity. The mouth, as examined with the microscope, presented no evidences of apparatus for suction or boring.—*Chicago Medical Journal*.

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*Chicago Medical Journal—Change of Editors.*—Drs. Holmes, Lyman and Larkey having resigned the Editorship of the *Chicago Medical Journal*, Dr. J. Adams Allen has resumed the editorial charge, which he relinquished three years since.

*Death of Dr. Scoresby Jackson.*—The death of Dr. Scoresby Jackson, author of the well-known work on Climate, and a Manual of Materia Medica, occurred in Edinburgh, on the 1st of February, of typhoid fever, at the age of 32.

Dr. Alexander J. Sutherland, the eminent alienist, died at Brighton, England, January 31st, in the 57th year of his age.

Dr. William Brinton, author of the celebrated work on Diseases of the Stomach, died in London, January 17th, from disease of the kidney.

THERE were 92 deaths in Providence during the month of March, which number was 16 more than in the preceding month; 10 more than in March, 1866, and 7 more than the average for March during the last twelve years. There was not a single death in March from smallpox, scarlatina or diphtheria, and the mortality from all diseases of a zymotic character was less than ten per cent. of the whole number. The increase of mortality was chiefly from consumption, old age, and pneumonia, and was undoubtedly caused, to some extent at least, by the cold, disagreeable weather which prevailed during the month.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 6th, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	44	40	84
Ave. mortality of corresponding weeks for ten years, 1856–1866	42.8	41.1	83.7
Average corrected to increased population	00	00	92.4
Deaths of persons above 90	0	0	0

JOURNALS AND PAMPHLETS RECEIVED.—Medical Record, Nos. 26 and 27.—New York Medical Journal for March.—Medical and Surgical Reporter, Vol. xvi., Nos. 9–13.—American Journal of Medical Sciences for April.—Medical News and Library for March and April.—Chicago Medical Journal for March.—Chicago Medical Examiner for March and April.—Cincinnati Lancet and Observer for March.—Medical Reporter, Vol. ii., Nos. 1 and 2.—Nashville Journal of Medicine and Surgery for March.—Southern Journal of the Medical Sciences for February.—Southern Medical and Surgical Journal for March.—New Orleans Medical and Surgical Journal for March.—Pacific Medical and Surgical Journal for February.—Canada Medical Journal for February.—L'Union Médicale, Nos. 22–36.—London Lancet (reprint) for March.—American Journal of Pharmacy for March.—Detroit Review of Medicine and Pharmacy for March.—Druggists' Circular for March.—Dental Cosmos for March.—Biographical Memoir of Franklin Bache, M.D.—Accidental and Congenital Atresia Vaginae, with a Mode of operating for successfully establishing the Canal. By Thomas Addis Emmett, M.D.—American Eclectic Medical Review for March.—University Journal of Medicine and Surgery, No. 11–13.—United States Medical and Surgical Journal for April.—Herald of Health for April.—Hall's Journal of Health for April.—Phrenological Journal for April.

COMMUNICATIONS RECEIVED.—Two Cases of aggravated Strabismus of twenty-five years' standing; relieved by Operation. By Hasket Derby, M.D.—Extracts from the Records of the Providence Medical Association.—Surgical Cases in the Massachusetts General Hospital, occurring in the Service of Dr. Henry G. Clark.—Copy of the report of a Case of Lithotomy, from the Boston Weekly News-Letter, November 13, 1741. By Samuel A. Green, M.D.

MARRIED.—In this city, 4th inst., J. W. Odell, M.D., of North Hampton, N.H., to Mrs. Martha E. Elliott, of Newton, Mass.

DEATHS IN BOSTON for the week ending Saturday noon, April 6th, 84. Males, 44—Females, 40. Accident, 2—apoplexy, 2—congestion of the brain, 2—disease of the brain, 3—inflammation of the brain, 1—bronchitis, 3—cancer, 3—consumption, 15—convulsions, 4—cystitis, 1—diarrhoea, 1—dropsy of the brain, 2—irritative fever, 1—scarlet fever, 4—typhoid fever, 3—fistula, 1—gastritis, 1—disease of the heart, 2—intemperance, 1—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 7—oedema of the lungs, 1—old age, 1—premature birth, 1—scrofula, 1—smallpox, 6—thrush, 1—unknown, 9—whooping cough, 1.

Under 5 years of age, 25—between 5 and 20 years, 8—between 20 and 40 years, 31—between 40 and 60 years, 8—above 60 years, 12. Born in the United States, 50—Ireland, 24—other places, 10.

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#### IODINE AND BROMINE,

Manufactured by the Pennsylvania Salt Manufacturing Company. We would bring to the notice of physicians the virtues of Strumatic Salt in the treatment of Scrofula and other kindred diseases.

It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chlorides of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

The Salt is prepared from the menstruum of Salt-wells of the Pennsylvania Salt Manufacturing Company, and every attention has been given to their purity.

To show the great similarity of the salt which we prepare and now furnish to the public under the name of "Strumatic Salt" with the renowned German waters, those of Kreuznach, we give an analysis of both.

The analysis of the Kreuznach salt is taken from standard chemical works, and that of our Strumatic Salt is made by Dr. Otto Wuth, Analytical Chemist, of this city. In both cases the analysis relates only to the dry substance contained in the mother-liquors

Strum. Salt of Penn. Salt M. Co.	Kreuznach.
Silica Sand, 0.0173	—
Chloride of Iron, 0.1435	1.6000
" Barium, 0.3536	—
" Strontium, 0.0649	—
" Calcium, 57.9737	54.5200
" Magnesium, 23.6823	7.6500
" Sodium, 4.0380	—
" Potassium, 1.2785	1.9200
Iodide of Magnesium, 0.1412	0.0500
Bromide of Magnesium, 1.3116	0.1000
Magnesia, 11.2629	—
Alumina, 0.0483	3.8500
Phosphate of Aluminium, trace	0.3200

By comparing the above analyses together, it will be found that the Iodides and Bromides, which are considered the most active agents in all these waters, are in considerably greater proportion in our Strumatic.

The Strumatic Salt is packed in cases—each case containing six air-tight iron boxes, filled with about 1 pound of the salt. For use, one or two pounds are dissolved in a bath with from two to four pounds of common salt.

It is confidently recommended to the attention of physicians for use in all such cases as are usually treated by these remedies.

Sold by Druggists generally.

MERRILL BROS., No. 215 State Street, Boston.  
REYNOLDS PRATT & CO., No. 106 Fulton St.

Wholesale Agents. New York.

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The difficulties in the way of isolating and protecting from change the proto-salts of iron, and also in combining them with the active medical principles of Peruvian bark, led physicians to apply to us to attempt the accomplishment of both these desirable ends. It is now nearly three years since this pleasant and highly efficacious combination was placed in their hands, together with the formula for its manufacture; and it has become a favorite tonic and chalybeate with thousands in all parts of the country. It has proved of the highest efficacy in a wide range of diseases, and its use seldom disappoints the expectation of the physician. The numerous diseases in which it is serviceable are so obvious, it is deemed unnecessary to name them. Their iron, a proto-salt, is in perfect solution, and this with the bark alkaloids is so combined as to form a pleasant aromatic elixir, without any ferruginous taste. It contains but a small amount of syrup, so objectionable to many patients.

Prepared only by JAS. R. NICHOLS & CO.,  
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Special attention given to the Treatment of Diseases of the Spine.

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They are perfectly adapted to all forms of amputation.

Every limb is made first class, of the best material, and fully warranted.

They are recommended by the leading Surgeons. Pamphlets with authorized testimonials sent free. None genuine but those manufactured exclusively by the inventor, under his patent.

D. DE FORREST DOUGLASS,

Burt's Block, Main Street,  
Springfield, Mass.

No connection whatever with inferior government legs. Mch 22-tf.

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CODMAN & SHURTLEFF, 12 & 15 Tremont Street, Boston, are authorized by me to act for the sale of my Artificial Limbs. Orders and measurements

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### BORDEN'S EXTRACT OF BEEF. For the immediate Production of B. of Tea.—This extract consists of the juices of choice B. of cooked in the most perfect manner, and concentrated by evaporation, in vacuo, into the smallest bulk.

One pound comprises the soluble portions of twenty pounds of fresh beef obtained from mature animals slaughtered while in perfect health.

This Extract of Beef differs from Borden's Meat Biscuit (see U. S. Dispensary) in being concentrated to a degree four times greater, and in containing no farinaceous constituent, without the aid of which perfect preservation had not then been obtained. It is a nut-brown substance of the consistency of caoutchouc, possessing the flavor of delicately roasted meat, and keeps in perfect condition for an indefinite length of time.

Dissolved in varying proportions in hot water and seasoned, a Beef Tea, or Essence of Beef, of any desired richness is instantly produced, of aromatic flavor, more palatable than, and superior in all essential qualities to that made by ordinary culinary methods, and which is gratefully received and retained by the stomach when other forms of food are rejected.

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D7-tf.

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Exclusive U. S. Commission for (Syme's) Ankle Joint. Aug. 31.

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These Granules and Dragees are recognized, both in Europe and in the United States, as the most reliable way of dispensing valuable medicines. Physicians will find many worthless imitations, and they must be careful to see that the Pills dispensed by the Druggist are made by Messrs. GARNIER, LAMOUREUX & CO., Members of the College of Pharmacy, Paris. The following are some of the principal preparations:—

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U.S.P.	Price per 100 Dragées.	U.S.P.	Price per 100 Dragées.
Aloes and Myrrh,	grs. 4	Magnesia and Rhubarb, ea.	grs. 1
Compound Cathartic,	3	Quevenne's Iron, redu. by Hyd.	1
" "	1½	Cynoglossæ,	1
Aloetic,	4	Proto-Iodide of Iron,	1
Assafœtida,	4	Lactate of Iron,	1
Aloes and Assafœtida,	4	Sulphate of Quinine,	1
Dinner, Lady Webster's,	3	" "	2
Compound Cal. Plummer's,	3	Valerianate of Quinine,	1
" " "	1½	" of Zinc,	1
Blue Pills,	3	" of Iron,	1
Opium Pills,	1	Citrate of Iron and Quinine,	2
Calomel Pills,	2	" of Iron,	2
Opium et Acet. Plumb., each	1	Willow Charcoal,	2
Extract of Rhatany,	2	Diascordium,	2
Compound Rhubarb,	3	Anderson's Antibilious & Purg.	2
Compound Colocynth,	3	Extract of Gentian,	2
Compound Squilla,	4	Iodide of Potassium,	2
Dover Powders,	3	Calcined Magnesia,	2
Carbonate Iron, Vallett's formula,		Rhubarb,	2
Carbonate of Manganese and Iron,		Ergot Powder, covered with sugar	
Kermes,	1-5	as soon as pulverized,	2
Santonine,	½	Phellandria Seed,	2
Bi-Carbonate of Soda,	4	Washed Sulphur,	2
Meglia,	1	S. N. Bismuth,	2
		Tartrate Potassa and Iron,	2

## GRANULES.

Of 1-50 of a grain each.

Aconitine,	Morphine,
Arsenious Acid,	Strychnine,
Atropine,	Valerianate of Atropine,
Digitaline,	Veratrine.

Of 1-5 of a grain each.

Tartar Emetic,	Extract of Hyosciamus,
Codeina,	" of Ipecac,
Conicine,	" of Opium,
Extract of Belladonna,	Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Corrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12

Colchicum (each granule equal to two drops of tincture.)

## DRAGEES.

Copaiba, pure solidified,	Cubebs, pure,
Copaiba and Cubebs,	Cubebs and Alum,
Copaiba, Cubebs & Cit. Iron,	Cubebs, Rhatany and Iron.

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For sale in Boston, by I. BARTLETT PATTER, Druggist, 27 Harrison Avenue. To any Physician or druggist who will forward his address, with stamp enclosed, a price list will be sent. April 8.



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TIME, MONEY, SUFFERING AND LIFE.

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<p><i>Fougera's</i></p> <p><b>DRAGEES</b></p> <p>AND</p> <p><b>SYRUP OF</b></p> <p><b>Iron,</b></p> <p>(PYROPHOSPHATE</p> <p>OF IRON.)</p>	<p>This preparation, approved by the French Academy of Medicine, was first introduced into America (1857) by E. Fougera, Pharmaceutist. Its increasing favor among the medical faculty is the best proof of its real merits.</p> <p>It is prescribed as a tonic and a stimulant in all cases requiring Iron and Phosphorous. As a nervous tonic no other remedy can supply its place. It is the most active adjuvant of Cod Liver Oil. Each dragee, or each teaspoonful of syrup contains 2 grains citro-ammoniacal pyrophosphate of Iron.</p> <p>DOSE.—4 to 8 grains, 3 times a day, before meals.</p>
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# MEDICAL JOURNAL ADVERTISING SHEET.

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Apparatus yet designed for atomizing medicated fluids for inhalation.

Securely packed for transportation in a metallic box 4 by 8 inches in size, which also serves for a stand when the instrument is in use, and obviates the necessity of any additional fixtures. Can be used with any kind of atomizers.

Sent by express, on receipt of the price, to any part of the United States and Canada.

Price, \$10.00. Extra Face Protectors, \$1.00.

Every instrument will be thoroughly tested and warranted perfect in every respect.

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MASS. GEN. HOSPITAL,  
Boston, June 12, 1886.

William Read, M.D.

Dear Sir,—The apparatus for atomizing medicated fluids for inhalation, arranged under your direction, has been used for some time in the Hospital, with entire success. It is perfectly safe, compact, and easily applied. I take pleasure in saying that it is the simplest and most convenient atomizer I have as yet seen. Yours, very respectfully,

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Res. Phy. and Supt. Mass. Gen. Hosp.

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To the responsible duty of preparing PHYSICIANS' PRESCRIPTIONS, the same prominence will be given as heretofore.

S. M. COLCORD, having retired from the firm of S. M. Colcord & Co. and being now associated with T. Metcalf & Co. takes this occasion to thank his old friends and customers for their liberal patronage in the past, and assures them that no efforts will be spared in the future to retain their confidence and to meet their wants—with his present improved facilities—as well in regard to quality and price of goods, as to the general advancement of all that relates to pharmacy and an orderly drug business. July 7—tf.

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Thudichum's Method of Treating Catarrh, by distinguished medical authority, with description of Apparatus for these purposes, and for producing Local Anæsthesia by Freezing—with Rhigolene as used by Dr. H. J. Bigelow of Boston, or with Ether as employed by Dr. Richardson of London. Our apparatus for local anæsthesia freezes the flesh in from two to ten seconds when used with Rhigolene, and in about one minute with pure sulphuric ether.

The following is an extract from a note from Dr.

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"I have thus far found nothing better for freezing with Rhigolene than the tubes made by you after the pattern I gave you, and which I still use with your other apparatus."

Price of Apparatus for Local Anæsthesia, \$6.00.

Rhigolene, per Bottle. 1.00.

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**P**ROLACTEA.—A NEW MEDICO-SCIENTIFIC FOOD, analogous to Breast Milk. Either to be given in conjunction with the Breast, as a relief to the Mother in case of defective lactation, or for the sole rearing of infants by hand, whereby hereditary taint will be prevented, and better structural and physical development of the babe attained.

The Pro lactea, when prepared according to the directions, will produce a food for infants similar in appearance and taste, and in chemical composition, to healthy human breast-milk. It agrees in most cases with infants much better than any other articles yet introduced to supply the place of breast milk. Some of these physicians have not only prescribed it to patients, but have also used it in their own families, and speak of it in terms of unqualified approval.—*Buffalo Medical Journal.*

W. H. PEABODY,  
Chemist and Pharmacist, Buffalo, N. Y.  
Agents,  
LAZELL, MARSH & GARDINER,  
My. 31—1y. New York.

**T**O PHYSICIANS AND DRUGGISTS.—HOWELL & ONDERDONK, Pharmaceutical Chemists, 118 Liberty Street, New York, prepare the following articles, to which their attention is respectfully called :

**ELIXIR CALISAYA, IRON AND BISMUTH,**  
Combining the virtues of Calisaya Bark, Iron, Phosphorus and Bismuth, in a delightfully palatable form. An unequalled Tonic, enthusiastically endorsed by the profession everywhere. Samples and formulae furnished gratuitously to the faculty.

**Liquid Bismuth,**  
(a solution of Ammonio-citrate Bismuth).

**Elixir Valerianate Ammonia,**  
**Elixir Valerianate Ammonia and Quinine,**  
(a new remedy for neurægia, proving highly successful), and numerous other preparations, for description of which send for circular.

Full Descriptive and Price Lists furnished upon application. For sale by all Druggists.

N15—1y

**L**EOPOLD BABO, German Apothecary, No. 11 Boylston street, Boston, Septe—1y.

**CUTTER RETREAT FOR NERVOUS INVAILIDS, PEPPERELL, MS.**—Dr. JAMES S. N. HOWE, for many years associated with the late Dr. Cutter, still continues in charge of this Establishment. He can receive into his family a few additional patients, and will devote himself specially to their care and comfort. Dr. H. is permitted to refer to

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Dr. N. E. SHURTLEFF, Boston.  
Jas. J. Walworth & Co., Jos. Brech & Son, Boston.  
Dr. Jas. M. Stickney, Pepperell.  
Je 23—11.

**RECENT ADVANCES IN OPHTHALMIC SCIENCE.**—The Boylston Prize Essay for 1883. By HENRY W. WILLIAMS, M.D., Ophthalmic Surgeon to the City Hospital, Boston. One Vol. 12mo. With numerous illustrations. Price, \$2.50.

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His vaccinations are made from two different "stocks," which he has found to be most perfect and energetic, that of Robert Ceely, F.R.C.S., of Aylesbury, England, and that of the National Vaccine Institution, of London.

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**FRESH CRUSTS**, resulting from the desiccation of perfect vesicles, mounted in Gutta Serena so that they can be used without breakage or waste.

• 63.

HENRY A. MARTIN, M.D.,  
Roxbury, Mass.

Roxbury, Oct. 26, 1883.

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**NERVOUS HEADACHE, NEURALGIES, GASTRALGY.**—The *Paulinia Fournier* is the sovereign remedy of these affections. The most celebrated physicians, for the last twenty years, look upon it as the true specific of nervous diseases. Accession of Neuralgia, Nervous Headache, &c., are instantly relieved.

Beware of imitations. To avoid them, be sure always to get *PAULLINIA FOURNIER*.

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**ACETIC CANTHARIDAL VESICANT.**—This preparation will be found to be the most certain and convenient vesicant yet devised. It differs essentially from the colloidion, inasmuch as it does not contract the cuticle in drying, operates in less time, and with but little pain. It is a liquid, and may be applied to the parts desired to blister with a camel's-hair pencil, and then the surface covered with oil-cloth or clean linen. It will blister in from thirty minutes to two hours, according to susceptibility of patients. Prepared only by

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**THE NEW APPARATUS FOR TREATING DISEASE OF THE NASAL PASSAGES.** A current of water or other liquid is made to enter either nostril and return by the other, thereby bringing it in contact with every part of the nasal passages. Prices, \$2.50 to \$3.50.

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**THE** Subscriber is prepared to supply **VACCINE VIRUS**, of warranted purity, freshness and reliability, taken from healthy infants, in crusts or quill points, to physicians in any part of the United States or British Provinces. The quill points are charged with great care, to ensure a sufficient quantity of lymph on each, and are so prepared that it will not chip off, leaving the quill bare and disappointing the vaccinator. Both will be packed for transportation in air-tight envelopes. Ten quills, \$2; one crust, \$3.

By a system of registration adopted at this office, the name of every child from whom virus is taken is recorded, and will accompany each package of quills or crust, so that the source of any particular lot can be traced at once.

All orders answered by return of mail, postage free, and if the quills do not give perfect satisfaction if notified within ten days, a fresh supply will be sent.

Address Wm. READ, M.D.,  
Aug. 10 City Physician, Boston, Mass.  
Refers to Editors of this Journal.

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The three best known Tonics, skillfully and elegantly combined in an amber-colored cordial, beautifully transparent to the eye, pleasant to the taste and acceptable to the stomach, in CASWELL, MACK & Co.'s *Ferro-Phosphated Elixir of Calisaya Bark*.

Each pint contains one ounce of *Royal Calisaya Bark*, and each tea-spoonful contains one grain of iron.

Samples furnished free to the profession.

CASWELL, MACK & CO.

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New York City.

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June 21—17

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Price to physicians, \$5. Postage by mail, 60 cts.

A circular, giving a full description of the instrument and its mode of application, may be had by addressing the proprietor, with stamp enclosed to pay the postage.

H. H. BURRENTO, N.  
Wholesale and Retail Druggist,  
Providence, R. I.

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Jan. 10.

**WESSELBORN & CO.,** German, French and American Apothecaries,  
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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXXVI.

THURSDAY, APRIL 18, 1867.

No. 11.

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TWO CASES OF AGGRAVATED STRABISMUS OF TWENTY-FIVE  
YEARS' STANDING. RELIEVED BY OPERATION.

[Read before the Boston Society for Medical Improvement, March 25th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By HASKET DERBY, M.D.

I PRESENT herewith the notes of two cases of strabismus—one divergent, the other convergent—each having endured twenty-five years, and each entirely relieved by operative interference. Before recounting each case and exhibiting photographs of the patients, I desire to make a brief statement of the advantages of the present method of operating over that practised by Dieffenbach, and still more or less employed in America.

The old operation was performed in the following manner. Supposing tenotomy of the internal rectus to be intended, the conjunctiva and subconjunctival tissue were raised by the forceps at a point midway between the cornea and the caruncle, and there divided. The blunt hook was then passed into the wound, carried behind the muscle, and the latter cut across. Sometimes the edges of the conjunctival wound were subsequently approximated by sutures. It will be seen that the muscle thus operated on was divided into two parts—an anterior stump of appreciable length and a posterior portion.

The frequent instances of insufficiency of the muscle operated on, as well as of deviation in the opposite direction, which for a time caused the operative treatment of strabismus to fall into an undeserved disrepute, have given rise to a series of experiments on animals and observations on human beings, from which the following important facts have been ascertained.

The muscle thus divided does not, in the majority of cases, directly unite either with its severed anterior portion or with the sclerotic. New fibres are indeed thrown out, which establish a connection between the posterior part of the muscle and the sclerotic, either at or behind its original insertion; sometimes, indeed, the posterior and anterior parts are again brought into connection by this supplementary growth. The power of the muscle, however, thus re-united, either directly

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with the eyeball or with its anterior insertion, is precarious and uncertain. The effect of such an operation cannot be accurately estimated, and insufficiency in the original direction or preponderance of the antagonist muscle often results. The leaving behind an anterior tendinous stump does but result in unnecessarily shortening the muscle, insufficiency of which was in the outset to be feared.

The view at present entertained is, therefore, that it is a mistake to reckon with certainty on any useful union of the posterior portion of the muscle with its original anterior insertion or with its anterior portion. The operation for strabismus should consist in setting back the insertion of the muscle itself, and thus causing it to act, with unimpaired powers it is true, but at a mechanical disadvantage. Its length remains the same; its point of attachment is simply removed to a greater distance from the anterior surface of the globe.

The operation is simple, and may be performed with great facility. The conjunctiva is raised with forceps, as near as possible to the cornea, and a fold of it is divided just below a line continuous with the insertion of the muscle, and to an extent sufficient to admit the blades of a pair of curved scissors of moderate size. Through this opening the conjunctiva is separated from the subjacent tissue and capsule of Tenon, over the course of the muscle to be divided, for a distance varying according to the effect desired to be produced. A blunt hook is then introduced, passed under the tendon of the muscle, and the latter separated from its insertion by repeated and slight strokes of the scissors. Unless an extreme effect is to be produced, the edges of the conjunctival wound may subsequently be united by a fine suture.

I have thus briefly explained and described the present operation for strabismus, according to the views of Professor von Graefe, and partly in his own words. From a very large number of cases successfully treated on this principle, I have selected two in which unusual difficulties were encountered, but where a rare amount of perseverance on the part of the patients was met with a corresponding measure of success. These cases, moreover, illustrate the well-known impossibility of reckoning the precise effect of repeated tenotomies on the same eye. The cicatricial bands of union between the several parts involved, that form after the first operation, are always more or less extensive, and unless severally carefully divided—a matter of extreme difficulty—diminish and sometimes annul the effect of subsequent operative interference.

CASE I.—April 21st, 1865. Mr. C., aged 35, at the age of 10 received some sort of a blow on the right eye. This was followed by inflammation and diplopia. On the subsidence of the former, the right eye was observed to deviate outwards, and has done so ever since. At the end of six or seven years, the diplopia was no longer perceptible.

The right eye diverged nearly 4". No traces of any injury to it

were to be found. Power of internal rectus very good. Vision  $\frac{3}{4}$ . No myopia. Vision of left,  $\frac{1}{2}$ . On covering the left eye, was able to read with the right fifteen minutes without fatigue.

April 26th.—Carefully and thoroughly divided each rectus externus.

May 2d.—A divergence of  $2\frac{1}{4}$ " now remained. Double vision was occasionally experienced.

10th.—Again divided each externus. The next day the divergence amounted to only 1". Double images well marked and close together.

24th.—The effect of the last operation appeared altogether lost. Divergence still  $2\frac{1}{4}$ ". At the distance of twelve feet, the two images of a flame were seen twenty-one inches apart.

On May 30th, I again divided the right externus, and then, dividing the internus, brought it forward and gave it an insertion at least  $1\frac{1}{2}$ " in advance of its former one. The dissection showed this muscle to be unusually small and pale.

October 13th of the same year I saw the patient again. The effect of the last operation had not been as great as had been hoped for, the right eye still diverging  $1\frac{1}{2}$ ", and the double images of a flame twelve feet off being fifteen inches apart. The attenuated condition of the rectus internus gave but little reason to suppose that again advancing its insertion would give it a material preponderance over its antagonist. I determined, therefore, to make one more attempt to carry back the point of attachment of the latter. The right externus was accordingly for the fourth time divided, Oct. 25th, and—a thread having been passed through the conjunctiva at the inner edge of the cornea—the eye was drawn inwards till the cornea nearly touched the caruncle, and left in this position twenty-four hours, at the end of which time the thread was removed.

Nov. 25th.—Marked improvement had taken place. The right eye now diverged only  $\frac{3}{4}$ ". Double vision was constant, and very annoying. I now did an operation similar to the last on the left eye, dividing the externus, and securing the eye in the opposite direction for twenty-four hours.

Dec. 9th.—Eyes were perfectly straight, motions good, diplopia absent except when patient looked very far to the left. He had common vision, and within a day or two had, for the first time in his life, got the effect of solidity with the stereoscope. There was no subsequent falling off.

CASE II.—Mr. W., aged 25, over six feet in height, and of general proportionate development, has a convergence of the left eye amounting to  $5\frac{1}{2}$ ". Owing to the remarkable size and large features of the patient, the impression produced by this deformity is particularly striking. The left eye, moreover, deviates  $\frac{1}{2}$ " upwards. Each eye is hypermetropic  $\frac{1}{4}$ . Vision of right eye is normal (1); of left,  $\frac{1}{2}$ .

Jan. 11th, 1867.—Each rectus internus was carefully divided through a free conjunctival wound, the edges of which were not

brought together. Glasses of  $\frac{1}{8}$  were ordered to be habitually worn.

12th.—The convergence amounted to only  $1\frac{1}{2}$ ". By Jan. 26th, however, the effect of the operation had become so far modified that there was still a convergence of 4". Each internus was again divided.

Feb. 10th.—A convergence of 3" remained. The left internus was now for the third time divided, and the eye brought round and secured in the usual manner, so that the outer edge of the cornea nearly touched the outer commissure, and left in this position twenty-four hours.

19th.—The convergence amounted to only 1".

23d.—The eye was fast exhibiting a tendency to relapse into its former position. When looking at distant objects, the left eye converged 2"; when looking at near objects, 3".

26th.—The slight result of the last operation decided me to now adopt a different plan. I accordingly for the fourth time divided the left internus, then laid bare the insertion of the externus, separated it from the globe and brought it well forward, attaching the cut edge of the muscle to the narrow portion of the conjunctiva I had allowed to remain at the outer edge of the cornea by a strong thread, which I removed two days later.

March 16th.—No convergence could be made apparent. The left eye continued to deviate slightly upwards, and exhibited a slight insufficiency inwards. Common vision did not exist, but the cosmetic effect was all that could be desired.

Liebreich has recently proposed\* to avoid the necessity for subsequent operations by adding to the effect of the first. With this end in view, he not only separates the conjunctiva from the capsule of Tenon in the vicinity of the insertion of the muscle to be divided, but continues his preliminary dissection backwards as far as the plica semilunaris, and carefully prepares this, as well as the caruncle, from the adjacent parts. (This description, of course, alludes to an operation on the rectus internus.) He divides the insertion of the muscle in the usual manner, widens then perpendicularly the wound made in the capsule, and approximates the cut edges of the conjunctiva by a suture.

He claims that this operation gives an increased effect, the amount of which may be more readily estimated, that the sinking of the caruncle is avoided, and that more than one operation on the same eye is seldom if ever necessary.

He observes (*loc. cit.*) that he has been able in great measure to overcome the prejudice against the operation for strabismus, which he found to exist in Paris at the time of his settlement there; so frequently is he enabled by this method to correct deviations of 3" in adults or 4" in children by a single operation, and without changing the position of the caruncle.

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\* A. f. O. Bd. xli. 2, pp. 298-307.

## CONTRIBUTIONS TO DERMATOLOGY.

(Continued from page 196.)

*Treatment of Eczema in Infants and Young Children.*

WHEN a physician is called to prescribe for a young child that is suffering from an attack of eczema, he is conscious that so far as relates to constitutional measures but little can be done. Yet that little may be of much importance to the future welfare of the child; and it requires the exercise of the highest medical talent to know just what to do, and what not to do. The disease is apparently purely local, but in reality it is not so. The blood, the nerves and their functions are more or less implicated. The pulmonary apparatus and the intestinal canal may also be in an abnormal state; and although our chief reliance must be in the employment of topical remedies, it is the part of sound discretion to combine with it some general course of treatment as auxiliary. This course should be equally distant from all extremes of practice. In the first place, we should ascertain what is the exact condition of the child; whether the eruption is a sequel of any antecedent malady—as, for instance, scabies, as is sometimes the case; whether it is the result of some existing derangement of the stomach or bowels, or is connected with difficult dentition. If none of these things have induced the complaint, it should probably be considered as hereditary. If the child is robust and hearty, it will be advisable to prescribe an aperient every ten or twelve days, with a view to prevent all danger of transferring the eruption—or, to speak more logically, for the purpose of preventing any vicarious action of the internal organs, while at the same time it will tend to give relief to the morbid condition of the skin. The kind of laxative best suited to the case will be a small quantity of fluid magnesia, or some thirty or forty drops of castor oil in as much lemon syrup, or simple syrup, in the early part of the day. In a child from six to twelve months old, one grain of calomel, with as much refined sugar, may be dropped upon the tongue. By thus producing a little extra activity of the alimentary canal occasionally, we avoid all danger in our attempts to suppress the cutaneous discharge by the cautious employment of suitable astringent applications, even if the eruption has existed a long time and yields an abundant secretion. The effect of the laxative upon the general condition of the child should be carefully observed, and the frequency of its repetition and the period of its continuance be regulated accordingly. It should be borne in mind that eczema, in all its stages and varieties, is an inflammatory affection, and the slight depletion produced by the internal medicines above suggested is a sanitary measure which ought always to be employed for children of a full, gross habit. As regards the mercurial, we know with what remarkable ability they tolerate it, especially if they are endowed with a lymphatic temperament, and we find that children of this tempera-

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ment are more subject to eczema than others. They seem to possess a more delicate skin. We apply the terms lymphatic temperament, lymphatic constitution, lymphatic predominance, to children who are uncommonly fat and pale, and who, with softness and puffiness of the muscular tissue, together with atony of the general organism, yet exhibit fair health and grow rapidly. We are aware that the word temperament, as applied to young subjects, is less definite and less marked than when we apply it to the adult; and yet we find that the best writers speak of the scrofulous, nervous, and other temperaments of children—and, in our daily professional intercourse, we do the same thing. But, at best, the language is somewhat vague.

In addition to the occasional use of an aperient, it will be good practice to administer to the child the syrup of the iodide of iron. This will be especially called for, if the eczematous fluid continues to flow with unusual obstinacy, and the lymphatic glands are in a hypertrophied condition. The iron will give tone to the system in the most gentle manner, and without disturbing the stomach. The minimum dose to an infant of six to twelve months should be five minims thrice daily. It sometimes proves laxative, but when it does not operate on the bowels it augments the quantity of urine. Its effects should be carefully noted, and the daily quantity gradually increased to twenty-five or thirty minims, unless some circumstance should contra-indicate it. For a child from two to four years old, the usual dose may be from ten to fifteen minims three times a day. If severe pruritus should continue, and render the child feverish and fretful, a moderate looseness of the bowels, occasioned by the iron, will contribute to its relief.

The above pharmaceutical remedies are about all that can be addressed to the constitution, in the earlier period of the eruption, when it breaks out on a strong, robust child; but if it should be feeble, anæmic, and badly nourished, it would be injudicious to resort to the use of mercury, unless the bowels are much constipated, or the pulmonary organs are in a state of congestion. Under such circumstances, it may be given without hesitation.

At a later period, when the eruption is assuming a chronic form, the question as to the expediency of resorting to some medicinal agent well known for its special therapeutic action on the diseased cutaneous membrance, naturally suggests itself to the medical attendant. We refer here to arsenic. Shall it be given to a young child? We are not ignorant of the dread which the name of this drug often inspires in the mind of a doting mother, for we have often been witness of the fact. We have, nevertheless, in most instances where we have deemed its administration important, succeeded in gaining free consent for its use; and we have often prescribed it for young children not only with impunity, but with marked benefit. But the younger the child, the less its utility and the greater the danger. The conditions under which any form of arsenic should be administered

may be summed up substantially thus. The patient should not be under one year old. There should be no functional disturbance of any of the internal organs, no inflammatory condition of the gastrointestinal or pulmonary mucous membrane; the tongue clean, the digestion normal; no diarrhœa, no scrofulous diathesis apparent; little or no serous exudation from the eruption, but a scaly condition approximating that of pityriasis or psoriasis. Under these circumstances, there can be no rational objection to the employment of arsenic, with a fair prospect that its curative effect will be displayed in a satisfactory manner, and the above are the limits within which its employment in any form or combination should be restricted.

If arsenic is prescribed for young children in combination with a small quantity of iodide of potassium, which will act slightly as a diuretic, any unpleasant effects will be less likely to occur; while at the same time its peculiar action on the skin will be heightened rather than lessened. The subjoined formula will be convenient. *R.* Liquoris potassæ arsenitis, ℥xxxij.; potassii iodidi, ℥i.; syrupi tolutani, ℥i.; aquæ fontanæ, ℥ijj. *M.* Dose.—For a child from one year to two years old, a teaspoonful every morning and evening. For a child from two to four years old, one teaspoonful three times a day. For a child from four to eight, two teaspoonfuls morning and night. For a child from eight to twelve years old, two teaspoonfuls three times a day; to be continued for each patient from three to four weeks. Strict instructions should always be given to the nurse to watch the child, and if any symptoms of illness appear which can possibly be attributed to the arsenic, then have it omitted for a few days, or have it given every other day only. But it is well known that young children bear the presence of this medicine remarkably well; and we consider it scarcely possible that any evil can result from the cautious method above directed for its use. Wilson prescribes Fowler's solution in doses of two minims to an infant from a month to a year old, repeated three times a day immediately with the meals. He combines it with the wine of iron and syrup of tolu.

The bichloride of mercury has long been used as a remedy for eczema in the London Hospital for Diseases of the Skin. For infants and young children it is much safer than arsenic, and it has proved efficacious in many obstinate cases of this complaint, as well as in other eruptions of a chronic type. The following is a convenient mode of prescribing it. *R.* Hydrargyri bichloridi, gr. i.; syrupi tolutani, ℥ij.; Aquæ fontanæ, ℥vi. *M.* The dose is one teaspoonful each morning to a child from six months to two years old. For a child from two to five years old, the dose may be repeated morning and evening. And where we have any hesitation in regard to the use of arsenic, we can with a good prospect of beneficial results prescribe the bichloride, which may be continued for many months, with only occasional intermissions.

The importance of a suitable diet should not be overlooked. Milk is the proper food under all circumstances, for an infant less than twelve months old. If it cannot live and prosper with that, it must die; and the physician should not fail to ascertain beyond all doubt if the nurse has a full supply of that which is good. The microscope, if at hand, will readily determine its richness, by bringing to view the relative number of nutritive globules, and if there is any deficiency in this particular or any other, then the child should be supplied from a different quarter.

The question is not unfrequently propounded to the physician, can the nourishment derived from a mother who has eczema do injury to her child, who has the same eruption also? In these circumstances, it is wholly presumable that the unfortunate child received its peculiar diathesis from the mother before it was born. Nevertheless, if she continues to supply her offspring with nourishment, the source of original injury to the child is perpetuated, although the mode of communication is changed. Before its birth, the blood was the immediate vehicle that conveyed the morbid element into the organism of the offspring; after birth, the milk, which is eliminated from the blood, is the medium of transmission of the same morbid principle; and in our efforts to relieve or cure the child, we are contending not only with the disease itself, but with a constant repetition of the cause that produced it. Perhaps these views may seem pregnant with the humoral pathology. Be it so; and now let it be asked, would a medical attendant be justified in recommending to a family that a wet nurse known to be full of eczema should have the care of a child and supply it with nourishment from her breast? Although we cannot demonstrate, as we can a problem in mathematics, that milk derived from the source here supposed would do injury to a child, probably no intelligent physician would feel disposed to endorse a wet nurse whose skin was occupied with the eruption in question. Whatever may be our views theoretically, the practice of us all is doubtless the same.

In reference to the diet of those who are afflicted with eczema, but little need be said, for but little can be accomplished in virtue of any prohibitions that may be imposed; accordingly, in addition to the suggestions given above with regard to the nourishment suitable for infants, but a few words need be offered on the general subject. Plain, simple, nutritious food—a fair mixture of animal and vegetable substances, such as constitutes the usual dietary of families that are well to do, is appropriate for the class suffering from the disease in question, or from any other form of cutaneous affection, except the eruptive fevers; and any marked deviation from such a course of living, continued for any length of time, will be fraught with danger, for it will impair the general health. There is no one article of food so comprehensive and so valuable for all persons that are af-

flicted with eczema as good milk. It is generally conceded by dermatologists that pork and shell fish should be interdicted.

To keep the child perfectly clean, and to have it surrounded by a pure atmosphere, are two cardinal virtues during the entire treatment.

[To be continued.]

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## THE PATHOLOGICAL PHYSIOLOGY OF THE BRAIN IN CHOLERA.

[Continued from page 203.]

THE autopsy in these cases gave us little anatomical reason for these complications. The appearances observed had so many points in common, that we have united them in one description. The membranes were thin, transparent, and of normal consistency; the cerebro-spinal fluid, perhaps less abundant than usual, had not lost its transparency or its yellowish hue; the surface of the brain was rather dry and somewhat sticky; no subarachnoid effusion; no change in the consistence of the brain. There was some modification in the vascularity of the organ. The great vessels of the surface were full, without being engorged; here and there on the convolutions, was a network of extremely fine vessels, forming small red spots, under which the superficial layer of gray matter had a rose color, and was of rather less firm consistence, when exposed to a stream of water. There was perfect integrity of all parts of the ventricles, but the surface of all sections of the brain appeared as if punctuated, or sanded with red sand. No trace of meningitis at the base of brain or superior part of spinal cord.

In one only of these cases did we find the undoubted characters of meningitis; the membranes, in this case, were so thick as to allow of peeling the brain over large surfaces; they were less transparent and of a pearly tint in some places. Here and there in the course of the vessels, and particularly towards the fissures of Sylvius, fibrinous tracts were observed, which could be detached with the membranes.

In the three other cases, the lesions were so indistinct that the symptoms seemed to have occurred without cause, or at least to have been due to a kind of *dry* meningitis, with diminution of the cerebro-spinal fluid, producing slight dryness, and a sticky condition of the membranes. Perhaps we may consider it as the first stage of a meningitis, surprised by death before its full development. We may suppose the meningitic condition bears the same relation to meningitis proper that the typhoid state does to typhoid fever; that is to say, an expression of symptoms without fixed and determinate lesions.

Failing to explain the cerebral accidents of the period of reaction on the theory of meningitis, we may consider them due to dis-

turbance of the circulation and of the cerebral innervation. Just as we have seen perception and the spontaneous movements of thought lose their vivacity, as the pulse became weaker and the collapse progressed, so we have seen the mind excited in proportion to the re-establishment of the circulation. This action of the liquid blood upon the nervous substance is entirely physiological, and is a necessary condition of cerebral activity.

But, aside from other causes, it is necessary in these cases to suppose a predisposition peculiar to the individual himself. Whenever we see cerebral complications supervene, in the course of pneumonia, erysipelas, or rheumatism, we are apt to refer them, alcohol being excluded, to organic tendency, and this should also be taken into the account in the cases under consideration.

There were two other cases of interest—one of spasm of the extremities and one of impulsive suicidal delirium. What was remarkable, too, was the fact that such aggravated complications were not in proportion to the cholera symptoms. The epidemic influence had been so slight that we had classed them as cases of *light* cholera. The first—Fourchet—ten days after the beginning of the diarrhoea, went into the garden, bathed, imprudently, in cold water, and was seized with tetanus; he nevertheless recovered, and a critical swelling of the parotids marked the close of the disease. The second—Guedon—presented such unexpected symptoms that we shall report the case in detail. He was 21 years old, a laborer, entered the hospital with light attack of cholera; his constitution was robust, he had never been sick, and was given to no excesses. During convalescence he was seized, without apparent cause, on November 7th, with very marked contraction of the flexors of the fingers and great toes, with slight trismus, and retention of the urine, apparently from spasm of the vesical sphincter. For a few days he had intense fever, and the retention of urine persisted, though the tetanus sensibly diminished. The mind was clear.

On the nights of the 11th and 12th he had some delirium. On the morning of the 12th his appearance was somewhat strange; in the evening, he was very restless, with violent fever and a flushed face; he complained of severe, lancinating pains in all his limbs, in the chest, and especially in the lumbar region, with some formication of the hands and feet. The cerebral functions were still perfect.

On the 13th, the same. We feared a spinal meningitis, and prescribed twenty cups to the spine, and a full dose of opium. After the cups, which he bore patiently, he seemed relieved, but suddenly, in an access of delirium, he seized his lead urinal, and gave himself repeated blows on the forehead with great fury. The patients in his vicinity seized him, whereupon he struggled violently, saying he wished to kill himself. A quarter of an hour after this suicidal attempt, he became calm, and his mental disturbance left him as suddenly as it came. He had no recollection of what had passed, and was astonished at the recital of his insane act. On his forehead were six

transverse wounds, laying bare the bone. The next day erysipelas appeared at the base of the nose. It extended rapidly, coma followed, and the man died.

The autopsy showed no trace of meningitis in the brain or spinal cord, not even the rose-colored net-work we have previously described. The whole cerebro-spinal axis had preserved its color and consistence. We found only the punctuated or sanded appearance of the cerebral substance; and this lesion, which we have so often noticed in cases of acute febrile delirium of the insane, explains to some extent the blind impulse which seized this patient. It was no less than an accession of maniacal frenzy, which might have taken the form of homicidal impulse. There was something distinct from and beyond the convulsive attack, but which bore similar relations to the brain that the tetanic symptoms did to the spinal cord.

In this case it became interesting to know, whether any predisposition, hereditary or acquired, had prepared this explosion. The epileptic has his attacks of frenzy; in delirium tremens, the patient often seeks relief in suicide. Guedon was subject to none of these influences; neither insanity nor epilepsy existed in his family, and he was not himself given to excesses. We have, then, an isolated act, evidently dependent on a cerebral condition, not strictly belonging to cholera, but which was a remote effect of its disturbing influence.

To conclude, the numerous observations we have made have inclined us more and more to the idea that cholera is due to a poison, which first affects the system, of the great sympathetic, and plays its first part in the phenomena of collapse; and the study of the reaction has shown us that the cerebro-spinal system, which escapes accident during the first stage, may be compromised in its turn in the second, and give rise to the severest complications.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.  
BY W. H. TRAVER, M.D., SECRETARY.

*Teeth swallowed; a safe Passage.*—Dr. MCGREGOR reported the case.

The patient, a female, awoke in the night with a sense of suffocation, produced by a vulcanized rubber plate, two and a half inches in length, one and a half inches wide, with four incisor teeth attached, which had lodged in the œsophagus. While struggling to relieve herself, the plate passed into the stomach. On the following day she experienced great pain in the epigastric region, accompanied by spasms, which continued from time to time until the plate passed per anum. The pain and spasms were relieved by sweet oil, McMunn's elixir of opium and the inhalation of chloroform. She was kept partially under the influence of the latter for twelve days, the time occupied in the passage of the plate.

*Cancerous Tumor in the Abdomen ; Death.*—Dr. GLOSVENOR reported the case and exhibited the tumor.

The patient was an American, by occupation a laborer. He had been ill for nearly three years, most of the time with orchitis and chronic dysentery, the latter continuing up to the time of his death. About four and a half months previous to his death, the diseased testicle was removed ; the disease proved to be cancerous. He died March 24th.

Autopsy, twenty-four hours after death. Body greatly emaciated. Rigor mortis well established. A tumor was found in the umbilical region, extending, on either side of the umbilicus, as high as the upper border of the kidney, as low as the sacrum, and firmly adherent to the spine. The tumor involved a portion of the aorta and left kidney, which was enlarged. The tumor proved to be cancerous. The small intestines were not involved, but pushed over to the left inguinal region. The large intestines were healthy, with the exception of the rectum, the mucous membrane of which was ulcerated. The liver contained two abscesses, each about one and a half inch in diameter. The spleen also contained a small abscess. The tissues of the upper lobes of both lungs were broken down and disorganized by tubercular disease. Heart flabby. Stomach healthy.

*Placenta retained seven Months after Miscarriage.*—Dr. COLLINS reported the case.

The patient became pregnant in February. The following April she was attacked with flowing and other symptoms of miscarriage, which continued for some time. Abdomen large ; general health good. The hæmorrhage subsided, and the patient went out. Two months passed without any perceptible increase in the size of the abdomen. At her menstrual periods she had some hæmorrhage, and on one occasion a small piece of membrane passed away. Dr. Collins thought she had probably miscarried, and that this was a part of the membrane which remained. In August the catamenia appeared. Subsequently, she was attacked with flowing, attended with pain, causing the expulsion of a placenta, with a short piece of cord attached. The placenta had remained in the womb seven months.

*Tubercular Meningitis ; Death.*—Dr. ELY reported the case.

The patient, a female, aged 26 years, when first seen by him, had a dry cough, short breath, and was much emaciated ; pulse 120. No physical signs of phthisis could be detected. Dr. Ely prescribed tonics, generous diet, &c. The cough ceased after the expiration of six weeks. Pulse 84. The patient next complained of pain in the chest, with leucorrhœa and scrofulous enlargement of the glands of the neck. The tenderness of the spine, which was also present, subsided after the employment of counter-irritants. The cough returned, but subsequently disappeared. She went to Bristol, and while there had symptoms of mental derangement. She became nervous, irritable, sleep was disturbed, respiration frequent, pulse accelerated. Before death, the symptoms of insanity had become more apparent. Tongue brown and dry ; pulse 120. There was no vomiting, vertigo, or coma, and but little if any dilatation of the pupils. The day previous to her death she had strabismus of the left eye, which appeared to be the only evidence of disease of the brain.

*Autopsy.*—Body somewhat emaciated. Rigor mortis well marked.

The lungs contained numerous small tubercles. Liver comparatively healthy. Kidneys granular. Uterus small. The brain contained tuberculous deposit. The arachnoid was more or less covered with the same tuberculous matter. The ventricles contained some four ounces of serum. Stomach healthy. Heart normal.

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### **Bibliographical Notices.**

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*Two Cases of Œsophagotomy for the removal of Foreign Bodies; with a History of the Operation.* By DAVID W. CHEEVER, M.D., Assistant Professor of Anatomy in Harvard University; Surgeon of the City Hospital; Surgeon to the Boston Dispensary; Recording Secretary of the Massachusetts Medical Society. Boston: David Clapp and Son. 8vo. Pamphlet, pp. 46. 1867.

THE extreme rareness of the operation of œsophagotomy makes the pamphlet before us one of unusual interest. The simple fact that it is so rare suggests at once the critical inquiry as to the necessity of doing it in the cases reported by its author, or in any case. People are getting bones, pieces of money or other hard substances stuck in the œsophagus every day, but they either go down eventually, or they are got up "by hook or by crook," and the inconvenience is soon forgotten. Seldom do we see or look for any serious result from such an accident, cases of obstruction of the glottis clearly not coming within this category. It rests then with the surgeon who undertakes the difficult and dangerous operation of œsophagotomy to make out the case of necessity beyond the possibility of question.

And certainly, so far as the urgency of the symptoms goes in the cases reported by Dr. Cheever, there cannot be a moment's hesitation in admitting the full justification of the operation in both of them. The first was that of a man, in whom the foreign body, a sharp-edged rough piece of the fin-bone of a fish, had penetrated the gullet opposite the cricoid cartilage more than three days previously, and had resisted all attempts at removal. The suffering had become excessively urgent, preventing sleep and the swallowing of anything but water, and accompanied by rigors, fever and violent threatening of the formation of abscess. The second, which, by a coincidence often occurring in surgical experience, followed the first by an interval of a few days only, was the case of a pin an inch and a quarter long, both ends of which were imbedded in the gullet beneath the sternum, where it had been for three days. The urgency of the case was as great as in the first instance, and furnished the same justification for the operation. We cannot follow the details of these cases, which were both crowned with success, but must content ourselves with copying the following account of the different steps of this difficult operation.

"In reviewing the steps of an operation to reach the œsophagus by external incision, it appears, first of all, that this incision cannot well exceed three, to three and a half inches in length. This is about the distance, in average necks, from the top of the thyroid cartilage to the sternum. If we cut above the thyroid cartilage we endanger the hypoglossal nerve and lingual artery, in a deep dissection; and, more important, the *superior laryngeal nerve*. The latter crosses



the space between the hyoid bone and top of the thyroid cartilage to enter the larynx, and its section would destroy the sensibility of one vocal cord, and one half of the glottis. Through a comparatively short incision, therefore, we are obliged to make a very deep dissection, down to the prevertebral muscles, and to draw various important structures out of harm's way as we proceed. First, the carotid sheath, containing the artery, vein and pneumogastric nerve, which approximate closer and closer towards the œsophagus as we descend the neck. Above and below are the superior and inferior thyroid arteries. On the inside, the thyroid gland. Below the finger, the sympathetic nerve. And, finally, running between the œsophagus and trachea, to the back of the larynx, the inferior, or recurrent laryngeal nerve, the motor nerve of the larynx, whose section would paralyze one half of the glottis; and the partial division of some filaments of which, in one case of œsophagotomy, led to a permanent alteration of the voice. This nerve, lying upon the front of the œsophagus principally, is to be avoided by opening the gullet towards its *posterior* part. The œsophagus is easier found also on the *left* side of the neck, as it naturally inclines to that side. And the rule has been laid down that œsophagotomy should be done on the left side as the place of election, unless we are sure of cutting down on the foreign body on the *right* side. The deeper dissection being carried on chiefly with the director, it is possible to reach the œsophagus not only *without injuring any nerves*, except the unimportant superficial branches of the anterior cervical plexus, but also, as we shall show in the second case, *without tying a vessel*."

Dr. Cheever completes his monograph by a complete history of the operation of œsophagotomy from the earliest times, with a resumé of all the cases which he could find in the annals of surgery; summing up with a discussion of the comparative dangers of the expectant and active treatment in such cases. A table at the end gives a synopsis of the whole, only seventeen in all, including his; of which all but two resulted in recovery. A table of bibliography completes the monograph, which may be said as a whole to be a perfect model in its way.

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*The Science and Practice of Medicine.* By WILLIAM AITKEN, M.D., Professor of Pathology in the Army Medical School, &c. In two volumes. Vol. II. From the Fourth London Edition, by MEREDITH CLYMER, M.D. Philadelphia: Lindsay & Blakiston. Pp. 1114. 1866.

THE second volume of this important work, with many valuable additions by the American Editor, has appeared, and fully confirms the favorable opinion we expressed with regard to the first half, published a few months since.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, APRIL 18, 1867.

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### SOME RECENT IMPROVEMENTS IN MEDICAL SCIENCE.

WE think an occasional glance at the progress of medical and surgical science not unprofitable. It tends to encourage the practitioner and reawaken his interest in his profession, to say nothing of the stimulus it gives in the field of discovery and improvement. Acting upon this thought, we propose now to refer to

some of the most prominent points in which advances have been made in the art to which we are devoted.

First and foremost stands Ophthalmology, as that branch of medicine which has made the most rapid strides within the last few years. To get a hint of them, we need only to be told of the great work of Donders, filled with abstruse mathematical calculations upon the subjects of accommodation and refraction alone. A full appreciation of these improvements is afforded by the Prize Essay of Dr. H. W. Williams, of this city, on "Recent Advances in Ophthalmic Science," a book which we took up merely to look over, but did not lay aside till we had read it through at a single session. This latter treatise begins with the brilliant invention of the ophthalmoscope and its uses in opening to inspection the inner chambers of the eye, even to the retina. A table of contents, occupying five pages, gives the list of ocular lesions which have been the subject of late investigation and elucidation, and of the remedial measures for them which have been latterly invented or improved upon. Prominent in interest to ourselves, is the application of the Calabar bean to antagonize dilatation of the iris; paracentesis of the cornea as a relief for internal inflammation; iridectomy to abate the evils of glaucoma. Among the diseases of the eye originating in morbid conditions of the system, we are particularly struck with the fact that we can by the ophthalmoscope alone diagnose Bright's disease, in which that instrument shows us a slightly grayish opacity in the optic nerve and over the retinal surface, with sometimes small spots of extravasated blood here and there, &c.; the morbid appearances *post mortem* indicating that the retina has become thickened and indurated by fatty and other deposits; and a more advanced stage occasionally manifesting atrophy. We have also inflammation of the cornea, formerly regarded as the result of strumous diathesis, now shown to be a consequence of syphilitic taint, and often attended with peculiar deformities of the teeth, such as a crescentic notching of the central incisors of the second dentition. Again, it has been ascertained that presbyopia, formerly supposed to be the opposite condition to myopia, is in reality "occasioned by an increase of hardness in the crystalline lens, so that its form can no longer be readily changed and its convexity increased by action of the ciliary muscle." Myopia, also once believed to be owing to too great convexity of the cornea or of the crystalline, &c., is proved to be result of an elongation of the antero-posterior diameter of the eyeball, measurements by Professor Donders and others showing "a length of from one and one fifth to one and two fifths inches in some myopic eyes; whilst in others, in which hypermetropia, the opposite refractive condition existed, had an antero-posterior diameter of less than four fifths of an inch."

But, we should hardly do justice to Dr. Williams's essay were we to give an analysis of the whole of it. We cannot, however, omit an allusion to another disorder of the eye most lucidly explained in its pages, and previously described at length in this JOURNAL by other eminent oculists of this city—we mean astigmatism—a disorder of the sight resulting from "a want of symmetry in the curvature of the cornea, in consequence of which its refractive power is unequal in different meridians." We cannot too much admire the science which discovered this defect, nor that which devised the means of correcting it by cylindrical glasses.

We fail to find in Dr. Williams's essay any account of an innovation of his

own—already mentioned in this JOURNAL—his practice of uniting by sutures the wound of the cornea made in the process of extraction of cataract. Nor yet does the author allude to his demonstration some years since of the practicability of treating iritis without mercury—a discovery which Dr. Jacob Bigelow declared to entitle its author to be called a benefactor of mankind. These omissions might perhaps have been supplied in an appendix to the printed essay, when the incognito of the writer had already been removed.

It occurs to us to speak next of the light which has been thrown upon the physiology and pathology of the larynx by the *laryngoscope*. Since the invention of that instrument, a band of explorers, prominent among whom are Dr. Cutter, of Woburn, and Dr. H. K. Oliver, of Boston, have started forth and seem to be vying with each other in enterprise. Each one is ready to set down in his chart any point of discovery established by another and make it a landmark for further advance. The action of the vocal cords in respiration and the production of the voice are now the subject of ocular observation. The causes of aphonia, formerly often not susceptible of diagnosis, and attempts at their removal, having been therefore a groping in the dark, are at last frequently brought to light. Very much has been learned with regard to laryngeal tumors, in relation to which we can do no better than to give a selection from a report read before the Pathological Society of Philadelphia, on the 22d of November of last year, by Dr. Harlan :—

“The introduction of the laryngoscope,” he says, “has influenced the treatment as well as the diagnosis of this disease. Johnson, of King’s College, in a lecture on the use of this instrument (*Lancet*, 1864), says: “Perhaps the greatest triumph of treatment by the aid of the laryngoscope has been the removal of tumors, polypi, and warty growths from the interior of the larynx. This feat has been accomplished now in numerous cases and with the most happy results.” A number of these cases may be found reported in the *Lancet* and *Medical Times and Gazette*, principally by Mackenzie and Gibb, who have each invented an instrument for the purpose, the former a forceps and the latter a wire ecraseur. Dr. Henry B. Sands, of the New York Hospital, in a valuable paper in the *New York Medical Journal* for May, 1865, reports a case of cancer of the larynx successfully removed by laryngotomy, and gives a table of fifty cases of tumors of the larynx treated by operation, with a full history of the operation up to date, a comparison of the two methods of performing it, &c. Eleven of these fifty operations were performed by external excision, and the rest through the mouth. But three proved fatal—two of the former and one of the latter; and the aggregate of success in the results was such as to show that the operation is not only justifiable and encouraging, but in many cases imperative.”

But, from such information as we have been able to get, no operation of the kind has been done which was such a triumph over difficulties, as that mentioned in a late number of this JOURNAL as having been performed by Dr. H. K. Oliver, of this city. That operation, it will be remembered, resulted in the removal through the mouth, by the aid of the laryngoscope, of a fibro-plastic tumor which was sessile, in fact buried in the vocal cord; and the most powerful caustics were brought into requisition in aid of the knife.

Next in order comes the special mode of treatment of inflammatory and congestive affections of the pharynx, larynx, and bronchi by means of *atomized fluids*. This subject is fully treated, and our knowledge of it brought squarely up to the present time, by Dr. J. M. Da Costa, of Philadelphia, in his artistically prepared little book, just published, and entitled “Inhalations in the Treatment of Dis-

eases of the Respiratory Passages, particularly as effected by the use of Atomized Fluids."

*Inhalations*, says Dr. DaCosta, are no novelty. They were used by Aretæus, and were also a favorite mode of treatment with Galen, since whom they have been employed from time to time to the present generation. The different modes of administering inhalations (whether by inspiration from a bottle, by insufflation, or by injection), and the various drugs employed in them are then reviewed, and brought down to the time of Sales Girons, who initiated the system of atomizing fluids, now become the subject of experiment, which Dr. DaCosta asserts "has an applicability much wider than merely to the treatment of the respiratory maladies, and which henceforth will be employed, though it be rejected for the purpose for which it was originally intended."

The first crude experiments of Sales Girons were made at a watering place, the fluid used being the mineral water in its natural state, or impregnated with medicinal substances. The liquid was forced to impinge against a metallic disk, and thus broken up into a mist, which the patients breathed, several at a time. This process, it would seem, reduced the subjects of it to what Mr. Mantalini might have called "damp, unpleasant bodies," save that life remained to them. The invention of some more convenient apparatus, became therefore necessary. His method of atomizing has been improved upon, till that invented by Dr. Bergson superseded all others, and which consists in employing the same kind of tubes used as odorators, that is, two glass tubes with capillary openings placed at right angles to each other. Through the horizontal tube the air may be blown by the mouth while the vertical tube is dipped in the fluid to be nebulized; or it may be forced through by means of a Davidson's syringe. Or, instead of air, steam—usually generated for the purpose in a small portable boiler—may be allowed to escape through the horizontal tube. In either case the air in the vertical tube is rarefied, the liquid rises to the capillary opening, and is there pulverized by the current of air or steam driving through the horizontal tube. "Bergson's tubes," says Dr. Da Costa, "are also employed in an atomizer invented by Dr. Oliver, of Boston; though here the spray is still further broken up and converted into a fine mist by impinging against the walls of the glass vessel in which the tubes are contained." Various other auxiliary apparatus are described in the book before us; among them the steam atomizers made here, and the "face shield" of Dr. William Read, of this city.

After discussing the question of "the penetrability of atomized fluids into the air-passages," showing some of the obstacles to this, and certain methods of overcoming them, Dr. Da Costa devotes a chapter to the "doses of medicine for inhalation." Among the drugs he states to be most employed are, alum, 10 to 20 grains (to the ounce of water); tannin, 1 to 20 grains; iron (perchloride of) 1-8 to 2 grains; nitrate of silver, 1 to 10 grains; chlorate of potassa, 10 to 20 grains; muriate of ammonia, 10 to 20 grains; opium (watery extract of),  $\frac{1}{4}$  to  $\frac{1}{2}$  grain; iodine (liq. iodin. comp.), 2 to 15 minims; arsenic (liq. potass. arsenit.), 1 to 20 minims; distilled water—cold in pulmonary hæmorrhage, warm in asthma, croup, bronchitis.

The concluding chapter is on "Therapeutic Considerations." In this the author mentions the principal affections of the respiratory passages for which atomized fluids have been used. These are—of *laryngeal affections*, catarrhal

laryngitis, ulceration, œdema of the glottis, diphtheria, croup; of *pulmonary affections*, bronchitis, phthisis, and hæmorrhage from the lungs.

Among the results arrived at by Dr. Da Costa, in summing up, are—

“1. That inhalations by means of atomized fluids are an unquestionable addition to our therapeutic means; but that they are nothing but an addition, and not a substitute for all other treatment; that therefore their claims to be so considered are unfounded.

“2. That in most acute diseases of the larynx, and still more so in acute disorders of the lungs, their value, save in so far as those of water may tend to relieve the sense of distress, &c., and aid expectoration, is very doubtful; though in some acute affections, such as in œdema of the glottis and in croup, medicated inhalations have claims to consideration.

“3. That in certain chronic morbid states of the larynx, particularly those of a catarrhal kind, and in chronic bronchitis, they have proved themselves of value; but that they are useless, or next to useless, in ulcerated diseases of the larynx.

“6. That they furnish an unexpected augmentation of our resources in the treatment of pulmonary hæmorrhage.

“9. That we cannot overlook the part the watery vapor plays when using atomized solutions.”

Tubes on the Bergson principle have also been successfully used in the production of local anæsthesia by freezing. The glass tubes are employed by Dr. Richardson, of London, to deliver a spray of ether, which freezes the skin in about one minute. Metallic tubes are used by Dr. H. J. Bigelow, of Boston, to convey *rhigolene*, by which freezing is effected in from five to fifteen seconds, and with very much less pain than when ether is the agent.—(Da Costa.) We learn that rhigolene is in rapidly increasing demand among the dentists.

We must not omit to mention, in passing, the use of the *Rhinoscope* for bringing into view the posterior nares; and the invention of the *nasal douche*, by which a stream of fluid is made to enter one nostril and emerge by the other.

Though Dr. Marion Sims's remarkable book on Uterine Surgery has been previously noticed in this JOURNAL, we cannot close this article without adding our word or two. This treatise is so full of original suggestions, that it would take an extended review to give but a general idea of them. We think it should be in the hands of every practitioner. Dr. Sims's method of exploring the vagina and uterus with his peculiar speculum, professes to bring the parts more clearly into view than any other mode hitherto adopted, and must be a decided improvement in the performance of certain operations. We have to thank him also for showing the value of chromic acid as an application to the uterus: also for discovering the depletive action of glycerine upon the mucous membrane. Since reading his book, we have used it with benefit in obstructive nasal catarrh, especially in infancy.

If the division of the uterine neck is to be done, and in some cases we suspect there is no substitute for it, we can but think Dr. Sims's manner of doing it with scissors safer and more effectual than cutting from within outwards by the metro-tome. It is, however, a mooted question between him and certain English obstetricians on the one hand, and Dr. Henry Bennet and others on the other hand, whether it ought to supersede the corrective measures for constriction of the cervix uteri, &c.—such as dilating with sponge tents, for instance—which have found acceptance for some years. Of course, as between milder and severer measures,

the *onus probandi* rests upon the votaries of the latter. It has been suggested, also, that the tendency of Dr. Sims and others has been to regard uterine diseases too exclusively from a surgical point of view. We think, indeed, that we are in danger of leaving far out of sight Marshall Hall's "disorder of the general health" in females. This is often the main thing, having the uterine ailment inwrought in, and part and parcel of it; the general and not the local affection taking precedence in the chain of causation.

The three closing sections of Dr. Sims's book have, we think, been justly a source of wonder and astonishment to reviewers. How any medical man could quite reconcile it with his professional and personal dignity to make some experiments there detailed, is the difficulty. Yet, for all that, the lessons which science has gained from those experiments are of great value.

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DR. C. L. HOGEBOM, of New York, suggests the use of a "compressing membrane" to the stethoscope. He stretches a piece of bladder across the pectoral extremity of the instrument, so that sounds are communicated not only through the rim, but also from the parts lying beneath its concavity. This expedient, he says, also diminishes the *roaring* heard in the stethoscope, especially in Cammann's. The tension of the membrane, he adds, may be restored, if lost in drying, by moistening it with a solution of tannin—ten grains to the ounce of water.

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*Herpes Circinatus from Favus in the Cat.*—Dr. Tilbury Fox exhibited to the Pathological Society of London, Nov. 13, 1866, several specimens of parasitic fungi sent to him by Dr. Purser, of Dublin—one from a favus patch on the paw of the cat, the others from herpes circinatus (*tinea circinata*) of the arm produced by inoculation with the fungus (achorion) from the favus of the cat. It appears two cats were affected by favus, the one already mentioned, and a second about its nose; attempts were made by one of the ladies in the house to rub off the crusts from the diseased places in these cats, and very shortly afterwards *tinea circinata* showed itself about her hands, arms, and shoulders; three other inmates (females) were similarly attacked. The disease was most carefully diagnosed, and not a feature of favus showed itself. Dr. Purser then inoculated his own arm, and produced what was pronounced to be *tinea circinata* (*herpes circinatus*); he sent some of the scales to Dr. Fox, which were exhibited. There was an absence of spores, but mycelial threads were very abundant. They were smaller, less branched, and more devoid of granules than the achorion-tubes, characters which belonged to trichophyton. The cases were interesting as showing that favus may give rise to other forms of parasitic disease, a view which Dr. Fox holds against many authorities, and he remarked that De Bury's recent experiments show conclusively the difficulty of getting an interchange of characters between varieties of the same fungus.—*Medical Times and Gazette*, November 17, 1866.

The above statements are to a considerable degree confirmatory of the researches of Prof. Salisbury, related in the present number of this Journal, pages 379-383. It is but justice to Dr. Salisbury to say that his paper was sent to us early in November of last year, and was intended for the January No. of this Journal, but in consequence of the impossibility of having the wood-cuts done in proper season, it was laid over till the present No.—*American Journal of Medical Sciences*, April, 1867.

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*A Case of Embolia of the Pulmonary Artery in a Puerperal Woman.* By Dr. F. RITTER.—In this case the patient was pluriparous, æt. 26. The first day of child-bed went off quite regularly. Then lochia became offensive, and slight pain was

felt on pressure. Temperature, 38.0° C. These symptoms disappeared eight days afterwards. She suddenly fell back in deep syncope. Consciousness did not altogether leave her. When seen, the face was pale; she seemed to be dying. Respiration not much accelerated; pulse very small and frequent. She complained of oppression in the chest. Next day these symptoms persisted; the temperature was 36.8° C.; respirations were catching in character, 36; cyanotic lips and tongue. Subsequently pulse and respirations increased in frequency; temperature fell. She died the third day. *Autopsy*.—In the right horn of the uterus was an abscess; inside the uterus, no disease. In ovarian veins, small yellow fibrin-clots, apparently formed before death. In the right chief branch of the pulmonary artery was a pale-red delicate thrombus, plugging the vessel.—*Ranking's Abstract*.

*Poisoning by Silk Thread.* By M. CHEVALLIER, jun.—The silk thread employed by seamstresses is liable to acquire poisonous properties in consequence of a fraudulent practice described as follows:—

"The value of the best quality varies from sixty to seventy francs a pound, and the material is sold wholesale by weight. For many years it has been the custom to increase the weight by steeping the silk in sugar and water, or in an infusion of gall-nuts; but this fraud not being found to yield sufficiently large profits, a patent was taken out for another plan, which consists in soaking the silk, whatever its color, in a bath of acetate of lead, and after drying the skeins, exposing them to a current of hydrosulphuric acid. The result is the deposition of a quantity of sulphuret of lead, which greatly adds to the weight of the thread, and, therefore, to its mercantile value. We are acquainted with a person at the head of an extensive dressmaker's establishment who, from the use of silk thread thus prepared, was attacked as well as her workwomen with painters' colic; some of the women even lost their teeth, in consequence of their habit of biting off the ends of the thread, an operation during which they absorb a portion of the lead attached to it."—*Ibid*.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 13th, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	44	29	73
Ave. mortality of corresponding weeks for ten years, 1856—1866	39.9	33.6	73.5
Average corrected to increased population	00	00	80.04
Deaths of persons above 90	0	0	0

**BOOKS RECEIVED.**—Obstetrics; The Science and the Art. By Charles D. Meigs, M.D., &c. Fifth Edition, Revised. Philadelphia: Henry C. Lea. 1867.—An Inquiry into the Origin of Modern Anæsthesia. By the Hon. Truman Smith, Member of the U. S. House of Representatives for the 26th, 27th, 29th and 30th Congresses, and of the U. S. Senate for the 31st, 32d and 33d Congresses. Hartford: Brown and Gross. 1867.

**MARRIED.**—In Philadelphia, 5th inst., E. R. Hutchins, M.D., to Mrs. Cecilia Smith, both of Philadelphia.

**DIED.**—In Providence, R. I., April 1st, of chronic Bright's disease, Washington Hoppin, M.D., in the 41st year of his age.

**DEATHS IN BOSTON** for the week ending Saturday noon, April 13th, 73. Males, 44—Females, 29. Accident, 2—inflammation of the bowels, 1—disease of the brain, 5—inflammation of the brain, 2—bronchitis, 2—chlorosis, 1—consumption, 14—croup, 1—diarrhoea, 1—dropsy of the brain, 4—drowned, 1—dysentery, 1—erysipelas, 1—scarlet fever, 4—gastroenteritis, 1—hæmorrhage, 1—disease of the heart, 2—congestion of the lungs, 1—disease of the lungs, 1—inflammation of the lungs, 5—measles, 1—cerebro-spinal meningitis, 1—old age, 1—paralysis, 1—peritonitis, 1—premature birth, 1—smallpox, 8—stricture, 1—syphilis, 1—unknown, 4—whooping cough, 1.

Under 5 years of age, 27—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 15—above 60 years, 9. Born in the United States, 51—Ireland, 13—other places, 9.

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Silica Sand, 0.0175	
Chloride of Iron, 0.1465	1.6000
" Barium, 0.3236	
" Strontium, 0.0039	
" Calcium, 57.9757	84.5200
" Magnesium, 23.6823	7.6800
" Sodium, 4.0980	
" Potassium, 1.2765	1.9200
Iodide of Magnesium, 0.1412	0.0500
Bromide of Magnesium, 1.3116	0.1000
Magnesia, 11.3629	
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EXCISION OF JOINTS FOR TRAUMATIC CAUSE.

[Read before the Norfolk (Mass.) District Medical Society, January 16th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By Z. B. ADAMS, M.D., of Roxbury.

THE very complete and able monograph of Dr. Hodges,\* which received the Boylston Prize for 1861, prepared the way for the vast accession to our knowledge of the subject of excision of joints furnished by the published reports of the surgery of our late volunteer armies. These reports are not yet complete, but they are nevertheless sufficient to establish certain points of great practical importance. The valuable work of Dr. Hodges enables us at a single glance to see precisely what was known and what had been done in this branch of surgery previous to 1861, and to compare it with what has been done in this country since. So far as its influence extended, this carefully written monograph must have inclined the profession to regard these operations with favor, and may have directed the practice of our army surgeons. However that may be, the number of cases of excision of joints for traumatic cause during our late war was by many times greater than that of all cases on record previously, and considerably greater than that of all recorded cases of excision of joints for whatever cause. No one surgical procedure practised in our armies has had so much light thrown upon it as this; no one can be compared to it in the importance it bears in encouraging us in the path of true conservative surgery.

From the account of the early history of these operations given in Dr. Hodges's paper, it appears that the practice of excision of joints for injury or disease is probably of recent origin, dating no farther back than the latter part of the last century, and that it has been recognized as a legitimate resource of surgery only within a few years. The first example in this country was a case of excision of the shoulder-joint, successfully performed by Dr. William Ingalls, of Boston, in the winter of 1812-13, for gun-shot wound.

Circular No. 6, War Department, Surgeon-General's Office, No-

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\* Excision of Joints. By Richard M. Hodges, M.D. Boston. 1861.  
VOL. LXXVI.—No. 12



vember, 1865,\* contains a summary of the surgery of the war during a period of about three years, or three quarters of the time. In this report is a very complete account, in tabular form, of thirty-two cases of excision of the head of the femur, four of which recovered. Previous to 1861, there had been twelve cases for gun-shot, and one recovery. This report contains five hundred and seventy-five (575) cases of excision of the head of the humerus. Previously, there were ninety-six (96) for traumatic cause, and fifty (50) for disease.† Of excision of the elbow there are three hundred and fifteen (315). Before 1861 there were but sixty (60) cases on record for injury. These numbers include both partial and complete, primary and secondary, excisions.

It is to be regretted that we are not yet in possession of certain statistical facts relating to these operations of higher importance, perhaps, than their numbers and rates of mortality. The very able and thorough manner in which the work has been thus far prosecuted at the Surgeon-General's Department, is a proof that much light will yet be thrown upon the obscure points, and that, from data furnished, by this country alone in the short space of four years, will be deduced for the first time an estimate of the value of these operations, very nearly approximate to the truth. One point of special importance has yet to be elucidated, and that is to know the ultimate results, and to compare them with those of amputation and with those where there has been no operative interference. Another point of great importance, especially in excisions of the elbow and other ginglymoid joints, is the question of the relative dangers of partial and complete excisions, and to determine the precise value of the fact that in these joints the former are more unsuccessful than the latter. "The returns for three-fourths of the entire period give 315 cases of excision of the elbow, and the results are ascertained in 286 cases. In 16, amputation of the arm became necessary; 62 terminated fatally, or 21·67 per cent., which is a mortality a fraction greater than that resulting from amputation of the arm. This result is altogether opposed to the Schleswick-Holstein and Crimean experience, and will doubtless be modified when the statistics are completed. It may be ascribed partly to the fact that the returns for the earlier period of the war include quite a large proportion of partial excisions, which are far more hazardous than complete removal of the articular surfaces."—(Circular No. 6.) It seems, therefore, to be admitted that excisions of the elbow, if complete, are less fatal than amputations of the arm. But were this not so, the exceedingly happy results of this well-established operation‡ would

\* Reports on the Extent and Nature of the Materials available for the preparation of a Medical and Surgical History of the Rebellion. Philadelphia. J. B. Lippincott & Co.

† Taken from Dr. Hodges, who seems to have thoroughly sifted the bibliography of the subject.

‡ "A single illustrative case" is given in Circular No. 6. A soldier, aged 21, was wounded by a musket ball, "which shattered the inner condyle of the right humerus and the olecra-

fully justify its performance in all such cases of injury to this joint as would otherwise call for amputation above the elbow; for, in deciding between excision and amputation in cases of joint-injury, there is, besides the relative fatality, a question of scarcely less importance, and that is, how far the value of the member which it is sought to preserve may be impaired by excision; or in case of amputation, to what extent the loss of a limb may be supplied from the resources of human ingenuity. But, as Dr. Hodges observes, the question is not always the easy one between excision and amputation, but often the more difficult one between excision and the chances of expectant treatment. This is sometimes exceedingly perplexing, nor is it easy to define the precise grounds upon which to found a decision. This point, also, will doubtless be elucidated in a great degree, when the Reports of the Surgeon-General's Office are completed.

Of excisions of the wrist there are thirty-five (35) cases, and the mortality rate is about 8 per cent. less than that of amputation of the forearm, and perhaps a little greater than that of amputation at the wrist. But the important point of the amount of mobility and usefulness of the hand after this excision, is not yet clearly ascertained.

With regard to the lower extremity—The mortality from amputation at the hip-joint for gun-shot wound is found to be 88·03 per cent. for all recorded cases (103); that for excision in like injuries in our army, 87·5; whilst the results of expectant treatment, so far as they appear upon the records, are yet more disastrous.

Prior to the late war, there were but seven (7) cases recorded of excision of the knee-joint for gun-shot, with two recoveries. This operation was performed eleven (11) times in our army, with two recoveries, also. The mortality, then, is 77·78, which shows that this operation is one of the most hazardous in army surgery, being perhaps more fatal than amputation at the upper third of the thigh.

The results of excision of the ankle-joint are also very discouraging. Our army returns thus far show 18 terminated cases, of which 12 recovered and 6 died. "The judicious use of the gouge and bone-forceps is admissible in gun-shot wounds of the ankle-joint; but formal excisions are rarely successful."

From the foregoing facts can be deduced the following maxim:—When dealing with severe injury of any of the joints of the upper extremity, the surgeon should never overlook the fact that the best mechanical appliances which the ingenuity of man has yet devised, make a quite ineffectual substitute for the wonderful mechanism of

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non process of the ulna." Twenty-three days after, "Surgeon Charles Page U.S.A. excised the elbow-joint, employing the H-shaped incision. Two and a half inches of the lower extremity of the humerus, an inch of the upper extremity of the ulna, and a small portion of the head of the radius were removed." Two years after, the soldier re-enlisted. Surgeon Dougherty, Medical Director of the Corps, who examined him, says:—"The man went through the manual before me, and stated his readiness to do all the duties of a soldier. The degree of motion was perhaps one third of the normal amount."

the human forearm and hand, even when motion is impaired or partial, while it is an established fact that the dangers of excision are, on the whole, inferior to those of amputation.\* Whereas, in case of compound dislocation or fracture of one of the joints of the lower extremity, it should be remembered that excision is attended with more danger than amputation; that the various forms of artificial leg serve both the purposes of support and locomotion; and that a leg from which a joint has been excised is often worse than useless.

What has been learned concerning excision of the shoulder-joint for injury? Dr. Hodges collected 96 cases for traumatic cause. In our army there were 575 cases, or six times as many.† Of the previous cases, 53 were known to be primary, and 34 secondary, excisions. In the former the fatal results were 30·18 per cent., and in the latter 17·64, being 12·54 per cent. in favor of secondary operations. Dr. Hodges draws the inference from these numbers that primary operations are more dangerous than secondary, and further adduces the authority of Esmarch and others in support of this opinion. He also states that this was a conviction established in his own mind from a consideration of the many circumstances which seem to favor secondary operations in these cases. In point of fact the reverse is shown to be true from our hospital reports, by an accumulation of evidence so great as to put out of the question all previous statistics on the subject. In 252 primary operations the percentage is 23·3 fatal, and in 323 secondary ones the ratio is 38·59, being 15·29 per cent. in favor of primary excision of the shoulder-joint for gun-shot. It would seem that this must be admitted to be very near the truth, when we consider under what adverse circumstances many of these primary operations must have been performed, while the secondary ones were probably most often practised in comfortable hospitals, and “with all the appliances and means to boot” to guaranty success. The surgeons who performed the secondary operations we may assume to have been on the whole more skilful, or at least, primary operations, being most frequently practised on or near the field of battle, or among the distracting and pressing emergencies of crowded field hospitals during sanguinary and dubious engagements, were necessarily often performed in a hasty and unskilful manner. Not only this, but, as Dr. Hodges remarks, “as a rule it is the less grave injuries, those which hold out some hope of success under expectant treatment, that are reserved for secondary operations, while time, and the establishment of suppuration, enable the surgeon to define the extent of the lesion more exactly than can ordinarily be done at the moment of receiving the injury, thus securing a more thorough and perfect removal of all diseased or injured

\* The rate of mortality in amputation at the shoulder (according to Malgaigne 50 per cent.) is, in our army, 39·24 per cent.; that in excisions of the head of the humerus, primary and secondary, 32·48, or about 7 per cent. less.

† The whole number of amputations at the shoulder in our army was 453, or 117 less than the number of excisions thus far reported. This is highly creditable.

structures." To these considerations must be added the fact, that, after secondary operations, the patient is rarely subjected to exposure to the elements, or to dangers, fatigues and shocks, from transportation or other causes, to all of which soldiers operated on at the field of battle are liable. It may be quite safely asserted that primary excisions of the shoulder-joint for gun-shot are much less fatal than secondary ones.

Excision of the head of the humerus is the operation appropriate to all serious injuries of the upper part of that bone, unaccompanied by damage to the great vessels or nerves, or by very extensive destruction of the soft parts. Mere splitting of the shaft longitudinally does not necessitate amputation, which may, however, be proper in case the bone is splintered or comminuted for more than half its length. Excision, and not amputation (with the partial exceptions above noted), should be resorted to in all severe compound injuries of the upper part of the humerus, not lesions of the head of that bone alone, but in those occurring about the surgical neck, and accompanied with longitudinal splitting, even though the epiphysis, as is frequently the case, be not implicated in the fracture. It is found that no good purpose is served by excising a portion of the shaft and leaving the head, while excellent results have followed excision of the head, with five or even six inches of the shaft.

In Circular No. 6 is cited the case of private Jno. F. Reardon, 6th N. Y. Cavalry, in whom the head and upper third of the shaft of the humerus were excised on the day following the receipt of the wound, and a piece of shell four inches long and one broad extracted from beneath the deltoid muscle. Two years after the operation, he could move the arm backwards and forwards, and carry his hand to his mouth, while motion in the forearm and hand was unimpaired. This is given as a typical case.

Gun-shot wounds of the upper end of the humerus are often complicated with injuries to the coracoid and acromion processes, to the glenoid cavity, to the clavicle, or to the body or neck of the scapula. Ordinarily, decapitation of the humerus is alone required. Fragments of the scapula may be removed or left to exfoliate without danger, although the suppuration is thereby increased and recovery protracted. Complete excisions have, however, been successfully practised, and large portions of the clavicle and scapula have been removed, together with the upper part of the humerus. On the other hand, partial excisions have been found to succeed remarkably well in the shoulder-joint, and we have good authority for the opinion that the glenoid cavity had better be let alone, and not interfered with by sawing, cutting or gouging. Where only a portion of the head is removed instead of the whole, motion, it is said, is apt to be more restricted after recovery. Fatal or unfortunate results of partial

excisions seem to be less frequent in the shoulder-joint than in the ginglymoid.

In excisions for traumatic cause, no precise form of operation can be laid down, and the procedure must vary according to the extent and nature of the lesion and the condition of the soft parts. It is certain that, in a very large number of cases, the extent of the lesion cannot be accurately defined previously to the operation. The rule should therefore be to begin the operation as if it were exploratory, destined to be completed or amputation substituted, according to the nature of the case, the first incisions being such as would apply in case of amputation.

Great care should be taken to cover the soft parts while sawing or cutting the bones, as undoubtedly suppuration is often prolonged, and recovery retarded, by the presence of dust, shavings, or splinters of bone, in the wound. It is unnecessary to do more than snip off the sharp points and irregularities of the shaft, and by no means is it essential to follow a fissure far down for the sake of cutting only through sound bone.

The success of these operations, especially primary ones, in military practice, would seem to show that the after-treatment is not very important. The parts should be guarded against irritation or great displacement. It has been recommended to put a pad in the axilla to prevent the upper part of the bone from being drawn inwards. It is doubtful if this is of the slightest use. Rest upon a pillow for a few days, and gentle compression to prevent burrowing afterwards, appear to be all that is required. The limb should, of course, be supported by a sling. Passive motion may be begun early, although ankylosis is little to be feared. The chances of this latter accident are said to be greater in rapid than in slow recoveries from excisions of joints; but this opinion, like that of Esmarch that excisions of the right side are more successful than those of the left, will very likely prove to be unfounded\*.

The following passage from the monograph of Dr. Hodges is peculiarly applicable to-day:—"At the present time the value of a limb from which the joint has been excised, the comparative dangers of the operation, the joints to which experience shows it to be properly applicable, and the conditions of disease or injury under which it may be performed, as well as the extent and manner of operative interference, can all be estimated better than ever before." Taking into account the dangers of primary excision for traumatic cause as compared with those of the amputation which it replaces, and looking at excision of joints in the light of a method of conservative surgery, having regard to the ultimate value and usefulness of the limbs which it seeks to preserve, the following conclusions may be drawn from what has been said above.

Excision of the shoulder-joint is greatly preferable to amputation,

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\* This opinion of Esmarch is not sustained by the statistics of our army surgery.

inasmuch as it lessens the risk to the patient, and leaves him with a useful forearm and hand. The excision should be primary. The same is true to a less extent of the elbow, and still less of the wrist.

Whenever operative interference is required for injuries of these joints, especially for gun-shot, amputation should, if possible, be made to give place to excision.

On the other hand, while excision of the head of the femur offers no advantages over amputation, the latter is to be preferred to the former in injuries of the knee- and ankle-joints, the question in these being between amputation and the chances of expectant treatment.

NOTE.—The whole number of cases of excision of the knee- and ankle-joints is perhaps too small to warrant conclusions to which may be given the significance of rules. That they are few is due to the fact that their danger is well recognized, since the opportunities for them must have been very numerous. There still remains much to be learned concerning excisions.

#### MEDICAL BOTANY OF NORFOLK COUNTY.

[Read before the Norfolk (Mass.) District Medical Society, January 16th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By JOSIAH NOYES, M.D., of Needham.

WHEN native plants in profusion around us offer therapeutic powers well adapted to many of our cases, is it wise to reject them for foreign ones of no greater efficiency? Viewing the number, qualities and power of our native astringents, I see no need of importing a single article of this class. From native plants growing in this vicinity may be extracted all the tannin, or tannic and gallic acid needed for our practice and use in the arts, and many or most of them possess also tonic powers; and while they condense, by their styptic power, the loose tissues, give tone to the various structures, and also in the restraint of hæmorrhages have a hæmostatic power. It is in this way that the Erigerons, or fleabanes, have been supposed to act. Some plants, as the Geum, Geranium, &c., are simply astringent; some are astringent and tonic, as the Cornus, or cornels, the bark of the apple tree, maple, or acer family, and a large part of our arboreous plants. Some combine the aromatic with the astringent principle, as the Betula lenta, or black birch, Gaultheria procumbens, or partridge bush, or spicy wintergreen. Many possess also a diuretic power, as the Pyrolas, Arctostaphylos uva ursi, formerly Arbutus uva ursi, dry cranberry or bearberry; Cephalanthus occidentalis, button bush, &c. But, with regard to the diuretic effect of medicines, not a little depends on the nature, quantity and quality of the menstruum. Pure water alone, in quantity, is well known to have this effect. Many plants have the reputation of diuretics, though possessed of feeble medicinal power, as the Stellaria media, found growing in gardens and

about houses as a weed, and called chickweed; the *Galium*, of which there are several species found in this vicinity, and called cleavers or bed-straw, also, sometimes, "goose-grass." The species "*Aparine*" is the one generally used medicinally in infusion, but they all seem to possess similar powers. The *G. verum* is seen occasionally on the roadside, and having rather dense racemes of yellow flowers. These are sometimes used to impart a yellow color to butter and cheese. Another species—*G. circæzans*—has a sweet taste, hence called wild liquorice. This may be used as a demulcent in coughs and irritations of the air-passages. The *G. tinctorium* is more used as a red dye. So it is with a large portion of our genera and species; they combine with one common property several others. These are not in the new U. S. Pharmacopœia; but you will bear in mind that it is not my intention to confine myself, in these researches, to officinal articles, otherwise I should refer you to the revised standard.

Many plants cultivated for ornament or other purposes might be made subservient to our *materia medica*—such as the aconite, a handsome ornament of our gardens, yet a powerful sedative and narcotic, controlling the circulation not much less efficiently than the *veratrum viride*, which has for some time past acquired considerable reputation for such purposes. Its alkaloid aconite is too powerful to be carelessly used, but safe in its properly reduced dose of the fraction of a grain, although seldom used internally. The *digitalis*, though introduced, seems at home in our gardens, is easily cultivated, and possesses useful medicinal properties, being narcotic, sedative and anodyne. I have availed myself of its use for many years. It may not be generally known that the flowering spurge—*Euphorbia corollata*—so showy in our gardens, is a drastic cathartic, and may be made to take the place of *colocynth*, *elaterium*, or other imported articles. The *colocynth*, however, seems not to be very difficult of cultivation. The may-apple, or mandrake—*Podophyllum peltatum*—both a native and cultivated plant, is occasionally found in our region, is a good and safe cathartic; its alkaloid is *podophyllin*, which, though more powerful, has no advantage over the plant in extract or powder.

If a pungent stimulant is desired, we have it in the *Arum triphyllum*, as we have usually had it in botanies, but in *Gray*, *Drisæma triphyllum*, commonly called Indian turnip, or dragon-root, found in rich woods, with a peculiar flower, consisting of a spathe and spadix, the former folded over the latter in the form of a hood. The solid turnip-shaped root and a cluster of bright red berries around the base of the spadix are, in the recent state, intensely acrid, causing a severe burning and pain of the tongue, not soon forgotten, if chewed. But, by drying, it loses most of its pungency, and is then, in domestic practice, grated into some warm liquid and given as a carminative in flatulent colic, &c.

A species of *Polygonum* (*P. hydropiper*), smartweed, growing in wet places abundantly, in company, often, with other varieties of this plant, is, in its recent state, a warm or pungent stimulant, and used in cases like the preceding; and, like it, loses its pungency by drying. These, or others of their class, would supersede or be fully a substitute for the boasted "painkiller," pain annihilator, or "great medical discovery." Other more moderate and permanent stimulants are found in the *Zanthoxylum fraxineum* of the U. S. Pharmacopœia, or prickly ash, often seen as small shrubs on our roadsides and about our dwellings, as though in their natural *habitat*. The *Liriodendron tulipifera*, or tulip tree, found occasionally along the southern border of our State (and I have seen it even in our district), has similar properties; but it is sought and cultivated as an ornamental tree more than a medicine, being straight, tall and handsome, with flowers somewhat like a tulip, as carelessly viewed; hence its common name. The tree is surpassingly beautiful, the foliage rich, the leaves four-lobed in a peculiar manner, the lobes being somewhat acute, the interspaces between them having very obtuse angles. With the stimulant it combines aromatic and tonic properties. Such trees are worth cultivating.

In strong contrast with this in size, &c., is a plant, though introduced, so often seen in gardens as to seem naturalized, and deserving a passing notice—the *Capsicum annuum*, or Cayenne pepper, possessing a pungency well understood. This seems to enter into a large part of the nostrums of the day.

If a cathartic be wanted, we have a plenty within reach and easily obtained. The *Podophyllum*, before mentioned, though in its wild state rather rare, might doubtless be easily cultivated, and would afford a supply. The natural order *Juglandaceæ* affords some reliable plants possessed of cathartic or laxative powers, whose inner bark, in the form of powder, pill or extract, may be safely used to unload the bowels, draw off redundant bile, and, if rightly managed, obviate costiveness without injuring the tone of the stomach and bowels, especially if a little rhubarb be used in combination with it. The *Juglans cinerea*, or butternut, is the one commonly used for this purpose, though other species, not found in our vicinity, may possess similar properties. It is found in rich, often rocky soil, attains to considerable size, though not very tall, has pinnate leaves, leaflets and fruit beset with clammy hairs, the nut hard, harsh and rougher than any common grater, but enclosing a meat or kernel of surpassing richness. This tree is often used in dyeing. Among the cathartics, I would call your attention to a plant which, though introduced, appears well suited to our soil and climate, and as well naturalized as many of our indigenous plants; and though more cultivated for hedges and ornament than for physic, is yet as efficient for the latter purpose as many articles of our *materia medica*; and though rejected in the last issue of our U. S. Pharmacopœia, was in-

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cluded in former ones and other Dispensatories—I mean the *Rhamnus catharticus*, or buckthorn—which I think may well still claim our attention. It may be used in powder, pill, extract or syrup—the last being the form in which it is commonly used, although sometimes the berry is chewed and swallowed when a cathartic or laxative is wanted. The shrub, being offensive to most animals, is safe from their depredations, as well as from the attacks of most insects.

As it is not my purpose at this time to be very formal in my remarks, I have thought best to call your attention to a number of plants rather promiscuously selected, that, in the *interim* between this and another meeting, you may subject them to your scrutiny and report your success or experience then. Some, who have had a prejudice against calomel, have sought a substitute, and thought they had found it in the buckthorn—*Rhamnus catharticus*, just spoken of—the mandrake, or may apple—*podophyllum*—the butternut extract, the *Taraxacum*, or dandelion, formerly the *Leontodon*, or *Dens leonis*; and, finally, last, but not least, in the tomato, a species of the *Solanum*, a family of narcotics, but modified by cultivation into harmless and useful nutrients. But for all these arrogant assumptions you will find no full warrant; and calomel, blue powder and blue pill must occasionally, perhaps not very often, be resorted to in the treatment of disease in some of its multifarious forms. So the lancet finds a competitor in the *digitalis*, *veratrum viride*, *colchicum* and other sedatives and narcotics.

As many of our drugs and medicines, especially imported ones, have latterly been very expensive, it is good economy to look about and see what therapeutical agents we have among us; and another hand, in the Boston Medical and Surgical Journal (Vol. 70), has called your attention in a measure, I trust, to this subject (Dr. Weld, of Jamaica Plain). I would not be deterred from the use of therapeutic agents of one kind or another, because eclectics, homœopathists or Thomsonians include them in their *materia medica*. As the bee collects honey from all plants that secrete nectar indiscriminately, so let us wisely avail ourselves of all resources within our reach, to cure or relieve sickness and suffering, and make the burden of medical attendance as light as possible. People should be advised to resort to medicine as seldom as possible, but when recourse to it must be had, the remedy should be as simple and well adapted as is practicable. In this way we may hope to lessen the amount of quackery, fostered by flaming advertisements in almost all our newspapers and periodicals, not even excepting the religious! Why may not some pill, powder, extract, syrup, or troche, compounded from our *Pharmacopœia*, be furnished to our stores and shops in quantity to supply them, and at a moderate price?

It cannot be expected that in a communication to be read at one meeting, and at that, Mr. President, a discussion expected and ten papers in readiness to be read, I should be able to comprise within

proper limits a very large part of my subject. But there are a few more plants to which I would call your attention at this time. In this connection I must not omit to mention a papilionaceous plant, with yellow flowers, long an inhabitant of my premises, and occasionally seen along the roadside and border of woods, which I have many times used as a substitute for the foreign senna, and which is often used in domestic practice—*Cassia Marilandica*, or American senna. It is a beautiful plant, with pinnate leaves, abundant and bright yellow flowers, clean and free from the depredations of insects, seldom molested by animals. Its properties are similar to its foreign co-species, and may be used where that is called for or needed. It can be given in powder, or a pill, with other substances, tincture, extract, syrup, but especially infusion or decoction, with or without salts.

In pastures with a good, rich soil, in bushy land, on the border of woods, and even along the roadside, at this season of the year, your attention will be caught by abundant clusters of bright-red berries on leafless branches—the leaves having previously fallen—and made thereby peculiarly conspicuous. This is the *Prinos verticillatus*, a bitter and useful tonic, with a degree of astringency. The berries, on being chewed, are very bitter and acrid, so as to leave a strong impression on the mouth and fauces. In common with cinchona, cornus, &c., it is reckoned antiperiodic as well as tonic and astringent, the berries and bark being used. Its alkaloid is *Prinosine*, of which the dose is half a grain.

At this season, or in the autumn, when the leaves are falling, or have fallen, leaving the branches leafless, and most other flowers have deserted us, being nipped by frost, innumerable flowers, with long, ligulate or linear yellow petals, may be seen on large shrubs—not quite trees; this is the *Hamamelis Virginiana*, or witch hazel, the latter term having reference to a peculiar use made of it. In times gone by, if not at present, it was supposed that minerals and water might be indicated by its use as a divining rod. But this is not the best use of it. It has tonic and astringent powers, adapting it to dysentery, looseness of the bowels, or chronic diarrhœa; or as an astringent collyrium, or in decoction or poultice to painful tumors or hæmorrhoids. It is also useful for dyeing black or blue-black, like the red maple, or *acer rubrum*—the most common maple among us of the native kind.

We have, too, good and efficient expectorants, viz., such as possess a degree of acrimony, like the *Lobelia*, *Sanguinaria*, the *Terebinthinales*, *Asters*, *Solidagos*, *Polygala*, some species of the *Asclepias*, especially the *A. tuberosa*, or butterfly weed, or pleurisy root, a pretty ornament for the garden or foreground of a house. The *Inula helenium*, or elecampane, of the natural order *Compositæ*, a coarse and rather tall perennial, seen growing on roadsides, &c., is too good an expectorant to be rejected, and deserves a more extensive use than

it has. The Alliaceous plants—as the onion, garlic, leek or cives, &c.—aid the lungs to rid themselves of an incumbrance to which they are subjected, and by which they are oppressed. These last, though introduced, are generally at hand, having a place in the garden. The squill, *Scilla maritima*, an exotic, has its place among this class of remedies and this natural order.

There are others, equally meritorious, to which I should like to call your attention if there were time; but better too little than a surfeit. A few of them are the *Asarum*, *Aralia*, *Anemone*, *Ceanothus*, *Clematis*, *Comptonia*, *Coptis*, *Gerardia*, *Phytolacca*, *Pyrola*, *Prunus*, *Prunella*, *Quercus*, *Rubus*, *Rhexia*, *Rhodora*, *Rhododendron*, *Salix*, *Scutellaria*, *Sanícula*, *Solanum*, *Celastrus*, *Osmunda*, *Adiantum*, &c.

SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL. SERVICE OF DR. SAMUEL CABOT.—NO. IV.

Reported by F. R. STURGIS.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—*Fracture of the Bones of the Thigh and Leg on the same Side; Recovery.*—A. P., a negro child, æt. 6, entered the Hospital December 5th, 1866, with a fracture of one hour's duration.

On examination under ether, the left leg was found fractured in two places, viz., about the middle third of the femur, and the upper third of both tibia and fibula. Both fractures were simple and not comminuted.

While under the influence of ether, a Dupuytren's splint was applied; but as it was found not to answer the indications of the case, it was, on the 7th, changed for extension by means of adhesive plaster for the femur, and side splints for both femur and tibia. The case progressed well, and on the 26th the following record was made:—"The femur and bones of the leg have united well, with quite a large callus." On the 28th, the splints were removed, and the union was found to be firm. There was no stiffness of the knee-joint whatever.

The patient was kept in bed (but without any apparatus) for prudential reasons, lest the callus should not be firm enough to bear the weight of the body. The wisdom of this was seen even while in the recumbent posture, for, on the 31st, the splints were resumed, on account of a tendency of the limb to bow outward at the points of fracture. They were retained until January 9th, 1867, when, the leg and thigh having been found united by a firm callus at the fractured points, and without any further bowing of the limb, she was discharged, well.

*Remarks.*—The points worthy of notice in this case are:—First, the occurrence of a double fracture in the same leg; second, the recovery without any stiffness of the knee-joint; and, thirdly, the pru-

dence and necessity of continuing the use of the apparatus for some time after the apparent firmness of the callus, more especially in children, in whom it is rapidly thrown out, and in whom deformity is often produced by attempts to use the injured part too soon.

CASE II.—*Tumor of Iliac Region; Recovery.*—A. D., native of Ireland, æt. 25, domestic, and single, entered the Hospital Dec. 12th, 1866. Patient has never been robust or in very good health. In October, 1866, she strained herself, which was followed by a swelling between the iliac and pudic regions, above Poupart's ligament, on the right side, and was attended by cramps. Saw no medical man at the time, but took some laxative pills, which moved the bowels freely. Was not at that time confined to bed.

This condition of things, viz., pain and swelling, went on until the 6th instant, when the pain increased without any known cause. On this day, the bowels were moved for the last time up to the present date. On the following day (7th), vomiting occurred, which lasted for two days, and was supposed by Dr. Putnam (her medical attendant) to have been due to the opium which she had taken. One ounce of castor oil and an enema of soap suds and water failed to produce any evacuation. The pain in the swelling was so severe as to resist the action of opiates.

At entrance, in the right side, between the iliac and pudic region, above Poupart's ligament, is seen and felt a swelling, not circumscribed, painful, and gives no fluctuation. No rectal or vaginal examination was made, on account of pain. The expression of the face was anxious, the skin cold and clammy, pulse weak and rapid, respiration tranquil, sleep and appetite disturbed by pain. She was ordered, rest in bed, and light diet, poultice to swelling, elixir opii, gtt. xl. p. r. n., and the leg was supported on a pillow.

The pain diminished from date, and on the 16th she had three or four loose dejections from the bowels without the aid of medicine, the first she has had since the 7th, and attended with severe pain. The discharge was reported by the nurse to resemble the white of egg, without faecal odor, faecal matter or blood.

On the 17th, had two or three discharges, looking and smelling like the albumen of an unboiled egg. Their consistence is thin, with abundant flocculi, of a light color, and not unpleasant smell. A specimen was sent to Dr. J. C. White for examination, but unfortunately, as he was absent at the time, it was spoilt before examination.

The tumor, although diminished in area, has become more prominent and circumscribed. Some resonance on percussion, noticed for the first time since entrance.

Dec. 18th.—Five dejections yesterday, two during night, attended with much pain; character, same as before. Can bear quite a firm degree of pressure. Tumor more prominent and less diffused.

21st.—Pain in bowels diminished. Number of dejections less, as

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is also the daily quantity passed. Their nature unchanged. Area and prominence of swelling diminished.

25th.—As she had had no movement of the bowels for some days, she was directed to have *ol. ricini*, ʒ i. every three hours, till bowels moved.

26th.—Three dejections from one dose of oil (ʒ i.), with faecal odor and look; the first since entrance. Less pain in bowels. Less dulness over tumor, with some crepitus, as of air. Appetite improving. One drachm of *ol. ricini* to be given again.

27th.—Ate fruit yesterday, contrary to orders, in consequence of which she suffers from pain in bowels. One dejection last night; in character as at first (albuminous). Did not sleep well.

28th.—Yesterday, after ʒ i. *ol. ricini*, had an attack of vomiting, the same to-day, without any apparent cause. Pain increased. One dejection.

30th.—Pain in bowels still severe. No dejection since 28th inst. Tumor of side somewhat increased in size.

Jan. 1st, 1867.—Pain in side diminished. One dejection yesterday. Percussion resonant throughout former spot of dulness.

She went on improving, and on the 9th I find the following record:—Bowels regular; discharge healthy in character, and not as before. No swelling visible. Resonance good. On the 13th, however, she reported quite severe pain in the right side, on the site of the previous swelling, unattended by any preceding chill. No alvine evacuation for two days. Appearance of side as on 9th. Was ordered to have *ol. ricini*, f ʒ ss.; *sennæ tinct. comp.*, f ʒ i. M. This had the desired effect, and on the—

15th.—She was reported as doing well. No signs of swelling left. Was ordered to sit up, and to have solid food for the first time.

From this period she steadily improved, the only treatment being occasional enemata, and doses of *oleum ricini* for constipation of the bowels, up to February 2d, when she was discharged with the following note: Bowels regular, and discharges normal. No further swelling.

*Remarks.*—This case is of marked interest from the long and insidious mode of its attack, before it became sufficiently painful to confine the patient to bed. The question as to its having been a diseased ovary was set at rest by the position being too low; by the fact that abscesses of the ovary are rare in non-puerperal or pregnant women; by its presence as a diffused, and not a circumscribed tumor, and by its hardness. The discharge of matter, which came per rectum on the 17th (five days after entrance), is worthy of notice, and it is much to be regretted that it was not examined. It was undoubtedly pus (as Dr. J. C. White said when he saw it with the eye), but still not presenting the usual appearance of that fluid. In this case the only treatment was, rest, opiates, light diet, and afterwards mild laxatives.

The mode of its evacuation is the most common one taken by these abscesses, and it is worthy of notice that in this case the usual concomitants of iliac abscess, viz.: vesical tenesmus, and a sense of weight about the pelvis, were not complained of.

### MENTAL TOXICOLOGY.

[Communicated, by request, for the Boston Medical and Surgical Journal.]

By JAMES H. DENNY, M.D.

MENTAL TOXICOLOGY may be defined to be that branch of psychological medicine which discusses the action of mental processes in impairing or destroying vital functions. As it is unusual to classify the deleterious influences of the mind upon the body among toxicological agents, it will be necessary to be somewhat precise in definition. Mind is complex, and can only be defined by its attributes.

Mental attributes, or processes, are those of (1) Cognition, or "the act of energy in thought \* \* \* during which man attains to knowledge of a thing."—(LAYCOCK.) (2) Emotion, or "the phenomena of pleasure and pain." (3) Volition, or "the phenomena of desire and will."—(HAMILTON.)

The vital processes are Innervation, Circulation, and Nutrition.

A poison is defined by Dr. Taylor as "A *substance* which, when absorbed into the blood, is capable of seriously affecting health or of destroying life."

Neurotic poisons act *principally* through the cerebro-spinal nervous system, and primarily affect the vital process of innervation. They involve circulation and nutrition secondarily, according to their mode of exhibition. Giddiness, delirium, stupor, paralysis and convulsion are some of the prominent symptoms produced by neurotic poisons, of which strychnia and opium are familiar examples. The convulsive action of the cerebro-spinal nerves in chorea is similar to the effects of this class of poisons.

Irritant poisons *mainly* implicate the ganglionic system, and the vital process of circulation. Irregular pulse, cold pallid skin, nausea and purging, characterize the effects of these poisons, of which arsenic is a typical example.

The symptoms of cholera—although the cerebro-spinal nerves may be also involved—are analogous to irritant poisoning.

Having thus imperfectly glanced at the classification and effects of material poisons, I shall endeavor to show that similar symptoms may be caused by the toxical agency of the mind acting through the cerebro-spinal system as a mental neurotic poison, and through the ganglionic system as a mental irritant poison; that in both instances it is "capable of seriously affecting health, or of destroying life," and may therefore be entitled to rank with a "poisonous *substance* absorbed into the blood."

In searching for a mental neurotic poison, it will be requisite to analyze some of the attributes of mind, even at the risk of seeming pedantry.

Among other sub-divisions of the cognitive faculty, Sir William Hamilton includes the special faculty termed the Presentative, or that of external perception, through the medium of which there is "a presentation of the order of nature to the consciousness through the senses." Knowledge results. Another special faculty is the Representative, or Imagination. "It is the power which the mind has of holding up vividly before itself the ideas which it has recalled into consciousness."—(LAYCOCK.) Finally, the power which the mind possesses of modifying the knowledge which it receives, in conformity to its proper nature, is called the Regulative Faculty, Reason, or Common Sense. It is the co-ordinating power, by which harmony is maintained in the other faculties.

Will and Desire can only be manifested through the cognition—" *Ignoti nulla cupido.*" "Mere cognition is insufficient to determine the will, without the intermediate influence of the emotions." The will, moreover, is a deliberate, and desire a "blind and fatal tendency to act."—(HAMILTON.)

Whenever the control of the regulative faculty is lessened, and imagination is allowed to usurp the place of common sense, a predisposition is formed, both in society and in the individual, favorable for the production of specific disease, and death, through the agency of mental impressions. Ignorance is the most frequent cause of this loss of regulative power. Morbid sympathy, which is a modification of desire, "or a blind and fatal tendency to act," is the common result of this condition of mind.

Desire, then, as thus explained, I shall endeavor to establish as an acute mental neurotic poison. In illustration, I shall refer to the epidemics of the spasmodic dance of St. John, the convulsive dance of St. Vitus, particularly in Germany, and to the tetanic bacchanal of tarantism in Italy, during the middle ages, also to certain fanaticisms in more modern days.

Every country in Europe had been devastated during the middle ages by plagues and famines, in quick succession. Civilization was rude, and human life was lightly esteemed. Law, which bears the same relation to society as the *will* to the individual, was but little regarded. *Ignorance*, superstition and fear every where prevailed. The terrible plague strewed the highways with thousands of unsepulchred dead, whose loathsome terrors spread pestilential horror among perishing millions.

*Ignorance* ascribed the origin of the pestilence to the poisoning of the wells by the Jews, and *reason* yielded to a fearful *imagination*. Popular *passion* raged with malignant fury, and a "*blind desire*" for vengeance culminated in frightful deaths by fire and sword to thirty thousand Israelites.

Morbid sympathy originated the brotherhood of the Flagellants, who, in frenzied multitudes of thousands, made penitential pilgrimages all over Europe, scourging themselves with bloody zeal, and offering prayers for the averting of the plague.

This diffused morbid sympathy, developed into an imitative impulse, manifested itself as an acute mental cerebro-spinal poison in the extraordinary epidemic of the howling dance of St. John. Dr. Hecker says that, just after the subsidence of the Black Death in 1374, "assemblages of men and women were seen at Aix-la-Chapelle, who had come out of Germany, and who, united by one common delusion, exhibited to the public, both in the streets and in the churches, the following strange spectacle. They formed circles hand in hand, and appearing to have lost all control over their senses, continued dancing for hours in wild *delirium*, until they fell exhausted." Sometimes the attack commenced with *convulsions*, and those affected fell *senseless*, panting and laboring for breath, and then they, suddenly springing up, began to dance with strange contortions. At Metz the streets were crowded with 1100 shrieking dancers. "Peasants left their ploughs, mechanics their workshops, housewives their domestic duties, and children their parents"—having imbibed the *poison* of this mental infection, and joined in the corybantic carnival—*ignorantly* impelled by an "all conquering *imagination* to *imitate* what they had seen."

The dance of St. Vitus was of similar character, and depended upon that "disposition of mind, altogether so peculiar to the middle ages," and which has *partially* been counteracted in its poisonous influence by the antidotal diffusion of popular *knowledge* in modern times. It attacked rich and poor, strong and weak, indiscriminately. Multitudes would violently jump, roar, and dance with such fury and extravagance of action, that many *died* from the violence of the attack, while others were *paralyzed*, and suffered with a tormenting tympany.

One form of this Chorea Sancti Viti was called by Paracelsus—"Chorea Imaginativa"; and another, "Chorea Lasciva." He taught that it arose from *sensual desires* depending on the will. It is probable that it was aggravated by what Mr. Baker Brown would call "peripheral irritation of the pudic nerve." The theory of reflex excitability seems to have been understood, for Paracelsus recommended severe corporeal *chastisement* as the most efficient therapeutic agent. The treatment which was efficacious *then*, would not, unfortunately, receive commendation *now*, notwithstanding the vaunted diffusion of knowledge. A very similar kind of chorea lasciva, depending upon *like causes*, and epidemic *now* in the form of "*Black Crook*," is *treated* with popular *applause*, and lavish *remuneration*. Well might the medical and moral philosopher meet in consultation, to determine whether such poisoning were better combated by the canterbury, "clitoridectomy," or by a more wisely ordered system of public education!



Tarantism was another bacchanalian epidemic, characterized by delirious shouting, laughing, singing, nausea, vomiting, and exstasic, untiring dancing. It was originally attributed to the actual poison of the tarantula, but precisely similar cerebro-spinal symptoms were produced by the mental neurotic poison of desire, developed into a morbid, sympathetic, imitative impulse. Dr. Murray states, that "bachelors, widows, widowers and old maids, are among the many victims of a gloomy solitude, which so often affects the mind as to implicate the body in disease."

In the fifteenth century there was a convent epidemic, which as it occurs in a modified nature *now*, is of some interest in illustration of the toxical dangers incident to the unwedded. "A nun in a German nunnery fell to biting all her companions, and shortly all the other nuns—being melancholy and hysterical—became mordacious, and began biting each other, until, spreading from convent to convent, the propensity was vigorously manifested in the convents of Rome." It is well to observe, in warning, that it *may* be a similar rabid "*vis a tergo*" which exhibits itself in vicious tendencies to back-biting in modern times. *Statesmen* even might profit by reflecting on this form of mental neurotic poisoning.

The manifestations of the pretended victims of witchcraft were characterized by the symptoms produced by acute cerebro-spinal poisons, and as *firing* was mercilessly employed as a remedy, we may suppose that our forefathers reposed confidence in the actual cautery. The Rev. Mr. Parris, who was a clergyman in Salem village in 1692—having consumed his vital energies in his *weekly* sermon—transmitted a diseased innervation to his child. Even as now such heinous crimes of hereditament are attributed to supernatural agencies, rather than to culpable violations of natural laws, and are dignified with all the sonorous titles of a frightfully ample nosology, so the reverend *poisoner* called the curse of his own entailment, witchcraft. It became contagious through morbid sympathy, and exhibited every variety of stupor, delirium, paralysis and convulsion. Dislocation of the jaws, through the violent trismus which supervened, was of frequent occurrence.

Those who have seen yelling, groaning, writhing, swooning, convulsed crowds of negroes in the *agony* of worship, will recognize the effect of an acute mental neurotic poison.

[To be concluded.]

## CONTRIBUTIONS TO DERMATOLOGY.

(Continued from page 217.)

HAVING marked out and initiated a course of treatment, as far as practicable, for internal medicines, for food, cleanliness, salubrious air, clothing and whatever else may be deemed essential in the do-

mestic arrangements, the next point that should engage the consideration of the physician, is the local treatment. This is a matter, as all experience testifies, of much greater difficulty and embarrassment than the simple plan which is a leading feature in the constitutional measures.

In very many cases where our best efforts are put forth to render good service, we find that we have to do with a most capricious enemy; and that what appeared to be the plain indications of to-day, as to what should be done directly to the eruption, will be contra-indicated to-morrow. Whether we order cold water or warm water, a poultice, a dry powder, a liniment, a lotion, an embrocation, or an ointment, we but too often find that the result is contrary to expectation. All parties are disappointed; and the physician is not a little mortified at his defeat. Very likely that since the last professional visit some slight disturbing cause has been called into action, and thus prevented the anticipated benefit. The nursing mother may have committed some error in diet and induced a derangement of the digestive organs; or she may have had a slight feverish attack, or have been thrown into distress by some sudden calamity, or some abrupt change in the weather, as from heat to cold, from dry to wet, or the reverse. Either of these circumstances may serve as a disturbing cause, and for the time being render the patient worse. Other incidental causes, scarcely appreciable, may give a shock to the whole organism of the little sufferer, and its force be especially displayed upon the diseased skin. Every physician in active practice must have witnessed the things here spoken of.

A great variety of topical remedies are in vogue for the alleviation of the pruritus, with a view at the same time of arresting the further spread and continuance of the eruption; and as it appears more frequently on the head and face in young children than on any other region, we will first consider it on these localities. It is hardly worth while to attempt a description of all the preparations in general use in the local treatment of the disease, or to discuss their relative merits. Those only which are most reliable will be noticed, and the indications for their employment pointed out as far as may be.

If the eruption is on the hairy scalp, and incrustations are present, the first thing to be done is to remove them. When this is accomplished, we can obtain a fair view of the condition of the diseased integument, and not until then. There are several applications that have been favorites among medical men for getting the scalps free from these crusts. One of the most convenient and cleanly is the crystallized carbonate of soda. A solution of this salt, containing one drachm, to twelve ounces of water, should be applied to the crusts by means of soft linen rags, or, what is still better, surgeon's lint, or that used by dentists, over which a cap of thin

gutta percha or oiled silk should be secured so as to prevent evaporation. The lint should be thoroughly saturated and be renewed morning and evening, or oftener if need be, so that the parts may be kept constantly wet. If half an ounce of the liquor sodæ chlorinatæ be added to the above solution, it will be an improvement, as it will effectually prevent any unpleasant smell that would otherwise emanate from the eruption. It is well to keep on hand a supply of the chlorinated water, for it will be needed all through the treatment, and should be used about in the proportion just stated whenever the child is to be washed. It is a *sine qua non* that the lint should never be allowed to dry, otherwise the application will do no good.

In the present state of pathological knowledge, the explanation of the curative action of the carbonate of soda solution is hypothetical. But it is evident that it produces an immediate sedative effect upon the diseased surface. It acts of course primarily upon the nervous filaments of the parts. Perhaps it combines with and neutralizes some peculiar acid principle which enters into the composition of the acrid discharge. We have cured many severe cases of eczema in patients of all ages, with whom no topical means have been employed except a solution of carbonate of soda during the whole period of attack. This treatment originated with Bennett, of Edinburgh; and whenever the locality of the disease will allow of its use, we need not hesitate to apply it. On the face and about the ears, neck, and some other localities, it would be somewhat inconvenient to employ it on a young child, on account of the difficulty of keeping the dressings in place. The strength of the solution should be about one drachm to the pint of water, if no incrustations are to be removed. Its therapeutic influence in allaying the pruritus and inflammation of the skin is very similar to that of the weak solution of potassa fusa (two or three grains to the ounce of water) recommended by Hebra, Anderson, &c.

The benzoated oxide of zinc ointment of Dr. Bell, is a mild astringent application, and is extremely well suited to certain places that are excoriated and highly inflamed, and on which lotions cannot be advantageously applied constantly, as the ears, the face, the nates, and the genital and anal regions. It may be used with a liberal hand, and be repeated two or three times in the course of the twenty-four hours. It should remain undisturbed, as a permanent covering to the parts for several days in succession. It can of course be used on any portion of integument; and it will generally alleviate the pruritus and lessen the morbid secretion in a satisfactory manner. If applied on the scalp, it may become matted down with the hairs if allowed to accumulate for several days; it will therefore be advisable partially to cleanse the hairs every third or fourth day with the carbonate of soda solution, warm, or with a lather made of white Windsor soap. When this is done, wipe the scalp perfectly dry and apply fresh ointment. The cleansing of the head should be done in

the most gentle manner, and with the least possible friction, and a soft linen rag used in the process. We have prescribed the benzoated oxide of zinc ointment in numerous cases in all stages of eczema, and for persons of all ages; and, in a majority of instances, with great relief and comfort to the patients.

In cases of purely local eczema occupying quite a limited portion of integument, as the ears, face, hands, axillæ, &c., and the ichorous discharge very copious, we have often employed with much satisfaction the following ointment. *R.* Plumbi carbonatis, ʒ ij.; cretæ præparatæ, ʒ ss.; unguenti rosæ, ʒ ij. *M.* Apply this ointment freely to the parts two or three times in the twenty-four hours. It rarely fails to ameliorate the intensity of all the symptoms. It may be prescribed without regard to the age of the patient.

After the incrustations have been removed, and the exposed surface is found to be much inflamed, the subjoined formula will prove valuable as a local application. It may be used with freedom. *R.* Pulveris camphoræ, ʒ iv.; pulveris zinci oxidi, ʒ j.; olei bergamotæ, gtt. xv.; glycerinæ, ʒ iv. *M.* Signa. Shake the mixture before using it. Our experience in the use of the three last mentioned local remedies has been about the same with each, and they have all seemed to promote convalescence about alike. Either of them is entitled to confidence when employed at the proper time; and we have pointed out the condition of things when the one or the other of them is indicated. In repeating the dressings with either, the nurse should be instructed not to remove any portion of what has been applied previously, but let it remain undisturbed for four or five days unless it becomes detached and is nearly cast off with the loosened incrustations.

When the disease is decidedly on the decline and there is more or less infiltration and thickening of the skin, a weak solution of the choride of zinc will usually act favorably. *R.* Zinci chloridi, ʒ ss.; aquæ fontanæ, ʒ iv. *M.* To be painted on the affected parts three or four times a day, with a soft rag attached to a stick.

As a constant application in the circumstances just specified above, we have often witnessed good results from the use of the liquor plumbi mixed with thick cream, in the proportion of one drachm of the former to four or five ounces of the latter. It allays the excessive itching and checks the remaining inflammatory tendency. It should be applied several times in the twenty-four hours on any portion of the skin of infants and other young children. It should be prepared fresh every day, especially in warm weather.

We have occasionally prescribed chloroform as a topical application, in the proportion of one drachm to an ounce of simple ointment. It often alleviates the distressing pruritus. This ointment should be put up in a phial with a wide mouth.

A mixture of equal parts of lime water and linseed oil is another local remedy of decided utility, where the surface has long been the

seat of the eruption. The preternatural redness, infiltration and excessive itching will frequently subside, when the diseased skin is protected by this well-known ointment.

We speak from experience.

[To be continued.]

### LITHOTOMY IN BOSTON IN 1741.

[Communicated for the Boston Medical and Surgical Journal.]

I SEND you the report of a case of lithotomy, taken from the Boston Weekly News-Letter, November 13, 1741. It is interesting in a professional, as well as an antiquarian, point of view. The operator was Dr. Sylvester Gardiner, who studied his profession in France and England, and afterwards acquired great wealth as well as reputation in the practice of medicine in this city. At the beginning of the Revolution, his large estate was confiscated, as he was a tory refugee. After the war he returned to his native State of Rhode Island, when he died at Newport, of a malignant fever, August 8, 1786.

SAMUEL A. GREEN.

*Boston, April, 1867.*

A Medical Society in Boston, New England, with no quackish view, as is the manner of some; but for the Comfort and Benefit of the unhappy and miserable Sufferers by the Excruciating Pain, occasioned by a Stone in the Bladder, do Publish the following Case.

In Boston, Octo. 8, 1741, Josiah Baker, *Æt.* 6, was cut for the Stone in the Bladder, according to Mr. Cheselden's late Improvement of the lateral Way, by Mr. Gardner of Boston (who had some Part of his Education in the Hospitals and Infirmarys of London and Paris) in Presence of the Medical Society and others without reserve.

This Boy by his Complaints seems to have had the Rudiments of this Stone from his Birth, and by degrees the Paroxysms of Pain became so violent, that Death or the operation were unavoidable. This Stone was extracted in the lateral method without Distraction or Dylaceration of the Parts, which too frequently kill the Patients in a few Days or Weeks; or if the patient escapes with his Life, the Urine continues to issue involuntarily by the Wound, during an uncomfortable Life. Several such miserable Instances we have had in this Province for want of Skill and Discretion in the Operator.

This Stone when extracted was of a lenticular Form, somewhat elongated, imitating the converging Part of the Bladder, its surface *instar Lapidis arenosi*, but more hard and compact, the Circumference 4.75 Inches; its central Thickness 8.5 [.85?] Inches; the longest Diameter 1.5 Inch; the shortest Diameter 1.25 Inch.

The Dressings were soft easy and simple, with a milk Diet to mitigate the scalding of the water in the Wound; The 4th Day the Urine began to trickle the natural Way; the 11th Day it passed the

natural Way in a full strong Stream; 15th Day no more Urine by the Wound; and makes Water only 3 or 4 times in 24 Hours; after the 23d Day, no more Dressing, the Wound being well cicatrized and the Boy at Play about the House.

Thus in about 3 weeks a compleat and easy Cure for the Stone in the Bladder, was affected by the lateral Way.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, APRIL 25, 1867.

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### ANNUAL REPORT OF THE CITY PHYSICIAN.

THE Annual Report of the City Physician for the year ending with the 1st instant is a bulky document, and contains much matter of general and professional interest. The subject of smallpox, at the present moment a pretty serious one among us, leads him to call the attention of the City Government to the neglect of vaccination which still prevails here as everywhere else unless corrected by public law. It appears that there are, on the average, about 3000 persons found in the city every year who have not been vaccinated. These furnish food for the disease, which every few years prevails in the form of a limited epidemic, as it does at the present time. The City Physician is strongly disposed to question the wisdom of the legislative action by which, in 1836, the statutes requiring the removal of persons sick with the smallpox were repealed. He shows that, while, previous to the repeal of these statutes, there was no death from this disease here for many years, since that time there has been but one year without a death; and in twenty-one of the thirty years since, there have been *each year* more deaths from this disease than occurred during the whole twenty-five years before. This is a startling statement certainly, and may well arrest the serious attention of the Board of Health.

With the exception of the first six pages, however, Dr. Read's report is exclusively devoted to the subject of cholera, and contains much matter to make it worthy of careful and thoughtful examination. Commencing with a detailed report of all the cases of this disease which were collected by a Committee of the Suffolk District Medical Society, and some of which have been published in this JOURNAL, he gives copious extracts from the highest authorities of the present day, as to the contagious nature of this disease, such as Dr. Jenner, President of the Epidemiological Society of England, and Professor Goodeve, one of the English Commissioners to the International Sanitary Conference. He also refers to the very close resemblance between Asiatic cholera and a form of cholera morbus, the only distinguishable characteristic being that the former disease is communicable and the latter is not. In this connection, he quotes the recent experiments of MM. Legros and Goujon made at the Histological Laboratory of the School of Medicine at Paris, under the direction of M. Robin, by which it was demonstrated that not only the serum, the blood and the dejections of cholera patients, when injected into the veins, the trachea, or the cellular tissue of

animals, produced all the symptoms of cholera, but that the same results followed the injection of a liquid obtained by condensing the vapor of the air in the cholera wards of some of the Parisian Hospitals. The same result followed the injection of *diastase*, a fact which throws much light on the origin of cholera morbus.

In view of the great weight of authority in favor of the doctrine of the communicability of cholera, as well as his own decided convictions, the City Physician urges in the strongest manner upon the City Government the importance and the duty of employing the most stringent measures of quarantine to prevent its introduction into this country; being fully impressed with the belief that, if these are generally adopted, owing to the peculiarly favorable position in which we are placed on this side of the Atlantic, in the words of Dr. Marsden, "Asiatic cholera will become an unknown disease to future generations on this continent." A copy of Dr. Marsden's well-known plan for a quarantine station closes the first part of this report.

The second part, or appendix, contains a translation of the whole of the report of the Commission of the International Sanitary Conference on the questions of the origin, epidemicity, transmissibility and propagation of cholera, by the senior Editor of this JOURNAL. Our readers will remember that early in August last, quite in advance of any other medical journal in the world, we believe, we were enabled to give them an abstract of this very important report. The translation was completed at that time, but we could only find room for the abstract which we published. From the reception which the abstract met with, we are satisfied that we did not overestimate the importance of this document. Through the liberality of our City Government Dr. Read has been enabled to publish the whole translation, which we had placed at his disposal. It is a paper of one hundred pages, and we think no one can read it without feeling that the Commission have done much to throw light on some of the doubtful questions discussed. The general character of the document is apparent from the abstract, but the arguments on which it is based are, in our opinion, of great weight. They fully sustain the City Physician in the position which he has taken in relation to Asiatic cholera, as a municipal officer.

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*Importance of Revaccination.*—At the present time, when there is an unusual prevalence of smallpox in Boston, the question is frequently asked of physicians, is revaccination necessary? Particularly important does this inquiry become when a case occurs in the midst of a numerous household. An incident related to us by a professional friend a few days since shows how necessary under such circumstances the precautionary measure of revaccination becomes. Several years since a patient of this gentleman, living in a large boarding-house occupied by between forty and fifty boarders, was taken ill with smallpox. By his advice all the boarders but two, who refused to submit to the operation, were revaccinated. There were only two secondary cases of variolous disease in this large household, occurring in the persons of the two individuals who declined revaccination, both of whom had varioloid. During the present season, we have known a succession of half a dozen cases of variolous disease to occur in one house; showing either great neglect on the part of the physician in attendance on the first case, or the most stupid unwillingness on the part of those subsequently attacked to protect themselves by revaccination.

*Vomiting of Pregnancy.*—In a recent discussion on the Sickness of Pregnant Women, published in the *Union Médicale*, M. Gros reported a case in which this symptom had continued for a long time, reducing the patient to extreme emaciation. He administered pepsine in the dose of fifty centigrammes (about eight grains) before each meal, with complete relief. Many other remedies had been previously tried without the least benefit.

The efficacy of this remedy in these cases was substantiated by Drs. Duhomme, Pioget and Labbé. It was remarked that the action of this remedy is somewhat uncertain, owing to its liability to change. It should not be administered in too hot a vehicle, as a high temperature destroys its efficacy. Another objection to its common use is its great price.

Dr. Dufour said that in many cases he had found chlorohydric acid an equally efficient remedy, and not liable to the objections which exist against pepsine; he had found it to be almost equally successful in these cases.

*Weak Eyes and fine Print.*—An non-professional correspondent calls our attention to the increase of near-sightedness and other difficulties of the eyes at the present day, owing, as he believes, to the reading of too fine type in books; and wishes us to utter a word of warning against this growing evil. He also complains of much of the print in newspapers as very trying to the eyes. Whether the evil of which he complains is mainly due to the cause to which he ascribes it or not, it is certain that it may be greatly aggravated by it. This opinion has long been held by the medical profession, but men in general seem to care more for the pound of cure than the ounce of prevention, in this as in everything else. We can only say that it grieves us to see (we never read them), and to see universally applauded in the daily press, the multiplying *diamond* editions of popular authors. Their publishers surely cannot realize what an injury they may inflict upon the eyes of their readers. It is poor economy to buy a book at half price printed in type so small as not to be read without such a risk.

*Chloroform or Ether?*—In an article in the *Union Médicale* on Anæsthesia, M. Forget sets forth in decided language the great superiority of the latter as an anæsthetic. He quotes the following conclusions, which he published in 1853:—

- 1st. Pure chloroform, carefully administered, may cause death.
- 2d. Death does not occur always under the same conditions. When sudden and instantaneous, it seems to be produced by sudden impression on the nervous system; when it occurs more gradually, it is accompanied by symptoms which have a resemblance to those of asphyxia.
- 3d. In the actual state of our knowledge, art has no infallible means of averting the fatal accidents which may follow the inhalation of chloroform.
- 4th. This certainty of our inability to control the action of chloroform ought to lead to its abandonment in the practice of surgery, and the substitution of ether as much less dangerous.
- 5th.—The reasons urged in behalf of chloroform by its partizans disappear before a careful examination. The advantages attributed to it, especially the promptness of its action and the progressive energy of its effects, constitute, in fact, the principal inconvenience and danger from its use.

Guided by these conclusions, the author says that he has always used ether as an anæsthetic, except on one occasion, when circumstances compelled him to em-



ploy chloroform, and in this case his patient narrowly escaped death. Among those who formerly were avowed partizans of chloroform, but have renounced it for ether, he mentions Professor Gosselin, "who, for some years, has used ether exclusively in the surgical service of *La Pitié*."

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*New Method of treating Phymosis.*—Dr. Elliot Coues, Assistant Surgeon U.S.A., describes, in the *Medical and Surgical Reporter*, a new and ingenious method of overcoming phymosis, by which a cutting operation is avoided; an improvement of much value in cases complicated with syphilis, where the edges of the incision, as ordinarily practised, are so apt to take on the specific disease. From his history of a case we take the following extract:—

"Fully aware of the probable unpleasant consequences of cutting, and seeking some other *modus operandi*, the idea of overcoming the constriction by mechanical dilatation struck me as offering a reasonable hope of success. Acting upon the suggestion, I introduced within the constricting ring the closed points of an ordinary spring forceps. A few minutes' manipulation produced a sensible enlargement of the stricture, encouraged by which I left the instrument *in situ*, where it was retained by the resiliency of the blades, which was also to be a continuous operative force. The patient was directed to occasionally employ a moderate degree of manual force, by pulling the blades apart, and to assiduously foment the parts with warm water. The procedure produced no pain nor other inconvenience. In three hours the glans could be exposed; shortly afterwards the whole glans popped out of its awkward hood, and the prepuce was fully retracted. The success of the experiment was as evident as the necessity for it. Two ulcers were disclosed—one on the dorsum of the glans as large as a dime piece, irregularly circular, excavated, covered with a tough gray slough, and rapidly extending, as the painful, deep livid, ragged edges testified; the other, on the prepuce just back of the corona, of the same general character as the first, but smaller, resembling a split pea in size and shape. These ulcers had been three days only in changing from the appearances they presented when first seen, as already detailed. A relapse of the phymosis was prevented by occasional recourse to the forceps, and the ulcers readily healed under appropriate treatment.

"Taking a hint from the forceps, I have devised a simple little instrument by which any desired degree of dilating force may be employed, and graduated to a nicety. It is merely a pair of callipers, about three inches long, probe pointed, the two blades flat, bevelled on their outer edges, and divaricating from each other by means of a screw placed near their hinge, running through one blade and abutting against the other."

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*Female Medical Students and Practitioners.*—The application of two ladies for admission as students of medicine in Harvard Medical School has been refused by the Corporation of Harvard University, on the ground that there is no provision made in the charter of the Institution for female students.

The Philadelphia County Medical Society recently held a protracted discussion, at two successive meetings, with regard to the relations which should exist between the members of that Society and female physicians in Philadelphia, and in conclusion adopted unanimously the following resolution:—

*Resolved*, That, in conformity with what they believe to be due to the profession, the community in general and the female portion of it in particular, the members of this Society cannot offer any encouragement to women becoming practitioners of medicine, nor, on these grounds, can they consent to meet in consultation such practitioners.

*Extraordinary Power of Endurance.*—The *Pacific Medical and Surgical Journal* tells a most extraordinary story of the power of endurance of a Mr. J. D. Gardner, of San Francisco. With a companion he was riding in Alameda County in a carriage drawn by two horses, and at nine o'clock in the evening they were precipitated down a ravine more than twenty feet in depth. Mr. Gardner's left thigh was broken at the upper third, and the carriage was resting upon him; his companion lay insensible by his side. He succeeded in lifting the wheel and disengaging himself. They were in a lonely spot, and no one came to their relief. The injured man lay all night, all the next day and the next night, exposed to a broiling sun by day and the glare of a full moon at night. On the second day—

“Losing all hope of relief without a desperate effort, he climbed the side of the ravine opposite to that on which he had fallen, and which was less precipitous. This he accomplished on his back, lifting his body with his hands and elbows and pushing it onward by means of the heel of the sound limb, dragging the broken one along after the body. Having climbed the bank, he saw the roof of a house nearly a mile distant, and set off for it in the same tardy and painful mode of locomotion. All that day and night, and the following day and night, were thus spent.

“On Sunday morning he came to a fence, which he found built of posts planted in the ground close together, with a horizontal string piece near the top to which the posts were nailed. This was seemingly an insuperable obstacle to his further progress, and abandoning all hope, he resigned himself to death. But the sight of a small squash through the fence inspired him to renewed effort, and recollecting that he had passed a loose fence-rail a short distance back, he returned to it and managed to drag it to the fence, and with it to pry off the string piece from some of the posts. Then reaching backwards over his head, still lying on his back, he seized one of the posts, and after much labor loosened it from the earth and lifted it out, so as to leave an opening through which he dragged himself into the garden.

“He was now within a hundred yards of the house, but his voice was too faint to be heard at that distance. The squash was, however, accessible, and when he had brought it almost within his grasp, he was observed by some persons who chanced to be walking through the garden, and who came to his relief.

“It was now noon, on Sunday. Since noon of Wednesday, a space of four days, he had not swallowed a morsel of food or drink; and fifty-four hours of that time he had spent in dragging himself as described, from the ravine to the garden, a distance of nearly a mile. He thinks he did not sleep a moment, from the accident until after the rescue; but in this he was doubtless mistaken. The ground over which he travelled was rough, and in places stony. The foot of the broken limb often became wedged in the stones, when he was compelled to stop and turn in various directions before getting it extricated. \* \* \* \* \*

“When he was rescued, his first want was a drink of water, and when this was brought, he restricted himself with great self-control to two glasses. At the same time, however, he sent relief to his comrade, who was found still alive, but senseless, and who died the following night. Gardner refused to taste of brandy which was offered him, and he partook of food sparingly, exercising in every respect a judgment which a professional adviser could not have improved on.

“Being carried to the farm-house, he was placed under surgical care. Not a single unpleasant symptom supervened to interfere with the curative process. He took no stimulating liquors in any form. In seven weeks he was well enough to return to the city, and to drive the vehicle which carried him. His health since has been uniformly perfect, and he bears no trace of the injury except some lameness from shortening of the limb.

“Mr. Gardner is of medium stature and spare figure, with full bony development, and a general appearance of sturdy and rugged constitution. He is unmarried. At the time of the injury he was 25 years of age. His habits have always been regular and excellent, except in regard to tobacco, in which he has indulged pretty freely from his boyhood. On the night of his fall, about two

o'clock, he recollected having a cigar in his pocket, and he now dwells with enthusiasm on the pleasure he enjoyed whilst lying on his back in the moonlight and puffing that solitary cigar. He had also a package of tobacco in his pocket, but fearing that he might get so hungry as to swallow it and injure himself, he threw it away, beyond his reach. During his confinement to bed, he smoked daily more or less, and he refers with some feeling to the comfort derived from this source."

At the annual meeting of the Suffolk District Medical Society the following gentlemen were elected officers for the ensuing year.

*President*, Dr. H. I. Bowditch. *V. President*, Dr. J. Ayer. *Secretary*, Dr. C. W. Swan. *Treasurer*, Dr. J. N. Borland. *Librarian*, Dr. B. J. Jeffries. *Supervisors*, Drs. G. H. Gay, Dr. S. Greene. *Commissioner on Trials*, Dr. S. Durkee. *Councillors*, Drs. J. Bigelow, S. Morrill, J. Jeffries, D. H. Storer, J. Flint, J. B. S. Jackson, J. Homans, A. A. Watson, E. Palmer, C. G. Putnam, H. I. Bowditch, H. G. Clark, J. M. Warren, G. C. Shattuck, C. E. Ware, S. L. Abbot, S. Cabot, G. Hayward, W. W. Morland, H. J. Bigelow, C. E. Buckingham, B. Brown, J. Ayer, F. Minot, J. B. Upham, G. H. Gay, H. W. Williams, C. Ellis, C. D. Homans, A. B. Hall, W. G. Wheeler (*Chelsea*), J. B. Forsyth (*Chelsea*), P. M. Crane (*E. Boston*), Geo. S. Jones, R. M. Hodges, Geo. H. Lyman. *Delegates to the American Medical Association*. J. Bigelow, C. F. Buckingham, D. McB. Thaxter, A. B. Hall, J. S. H. Fogg, Geo. Derby, G. Hay, O. W. Holmes, R. M. Hodges, G. S. Hyde, J. S. Jones, Chas. Mifflin, H. K. Oliver, G. H. Nichols, A. Poole (*Chelsea*), J. P. Reynolds, J. F. Jarvis, D. D. Slade, W. H. Thorndike (*E. Boston*), D. H. Storer, B. S. Shaw, J. C. White, C. A. Walker.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 20TH, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	48	24	72
Ave. mortality of corresponding weeks for ten years, 1856-1866	42.3	38.8	81.1
Average corrected to increased population	00	00	88.31
Deaths of persons above 90	0	0	0

COMMUNICATIONS RECEIVED.—A case of Pneumonia. By James C. Ayer, M.D.—The Communication entitled "Vitality—Virility," is inadmissible.

PAMPHLETS RECEIVED.—Notes on Fractures of the Upper Extremity. By John H. Packard, M.D., one of the Surgeons of the Episcopal Hospital of Philadelphia.—The Intracranial Circulation: an Essay to which was awarded the first Prize of the Boylston Medical Society in 1867. By Thomas Dwight, Jr., House-Surgeon of the Massachusetts General Hospital.—Biographical Memoir of Franklin Bache, M.D., prepared at the request of the College of Physicians of Philadelphia. By George B. Wood, M.D.—Proceedings of the Massachusetts College of Pharmacy, containing the Report of the Committee on the "Law for the sale of Spirituous Liquors as applied to Apothecaries," and the Petition to the Senate and House of Representatives of Massachusetts, together with the Memorial, Evidence and Argument presented to the "Joint Committee on Licenses of the Senate and House."

DIED.—In New York, April 20th, Dr. Alexander McDonald, of South Boston, formerly Chief Inspector of the U. S. Sanitary Commission, Army of the Potomac, aged 36 years 4 months. He was on his way home from Havana, whither he had gone in hopes of being benefited by the change of climate.

DEATHS IN BOSTON for the week ending Saturday noon, April 20th, 72. Males, 48—Females, 24. Accident, 3—anæmia, 1—inflammation of the bowels, 2—congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 4—cancer, 1—consumption, 12—croup, 2—cyanosis, 1—diphtheria, 2—dropsy, 2—dropsy of the brain, 3—dysentery, 1—scarlet fever, 3—typhoid fever, 2—hæmorrhage, 1—disease of the heart, 1—hernia, 1—infantile disease, 1—disease of the kidneys, 2—lead disease, 1—inflammation of the lungs, 4—marasmus, 3—measles, 1—necrosis, 1—premature birth, 1—scrofula, 1—sore throat, 1—smallpox, 5—tumor, 1—unknown, 3—whooping cough, 2.

Under 5 years of age, 26—between 5 and 20 years, 10—between 20 and 40 years, 14—between 40 and 60 years, 16—above 60 years, 6. Born in the United States, 51—Ireland, 15—other places, 6.

# MEDICAL JOURNAL ADVERTISING SHEET.

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The Fossil Reptiles of New Jersey. By Prof. E. D. Cope.

The American Silk Worm. By L. Trouvelot. With Illustrations.

Winter Notes of an Ornithologist. By J. A. Allan.

Reviews.—On the Lysianassae Magellanica, by Prof. W. Lilj. Contributions to the Knowledge of Crustacea, found living in Species of the Genus Ascidia, by T. Thorell. On the Polypes and Echinoderms of New England, with descriptions of New Species, by Prof. A. E. Verrill. The Myriapods of North America, by Prof. H. C. Wood, Jr. Natural History of Animals, by Prof. S. and Mrs. A. A. Tenney. On the Young Stages of a few Annelids, by Alexander Agassiz.

Natural History Miscellany.—Botany. Theory of the Origin of the Anther of Flowers; Physiological Effects of the Calabar Bean; Skeleton Leaves.

Zoology.—The Edible Crab in Salem, Mass.; Migratory Forms among the Butterflies; A Black Variety of the Red Squirrel.

Geology.—Discovery of a Human Jaw in a Belgian Bone Cave; A Lizard-like Serpent from the Chalk formation of England; Discovery of Chalk in Colorado and Dakota Territories.

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EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

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**C**OPARTNERSHIP NOTICE.—WILLIAM W. GOODWIN retires from our firm, and SAMUEL M. COLCORD is admitted a partner from this date. THEODORE METCALF & CO. 39 Tremont Street. July 1, 1864.

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Je 23—11.

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" "	1½	Cynoglossae,	1
Aloetic,	4	Proto-Iodide of Iron,	1
Assafœtida,	4	Lactate of Iron,	1
Aloes and Assafœtida,	4	Sulphate of Quinine,	1
Dinner, Lady Webster's,	3	" "	2
Compound Cal. Plummer's,	3	Valerianate of Quinine,	1
" " "	1½	" of Zinc,	1
Blue Pills,	3	" of Iron,	1
Opium Pills,	1	Citrate of Iron and Quinine,	2
Calomel Pills,	2	" of Iron,	2
Opium et Acet. Plumb., each	1	Willow Charcoal,	2
Extract of Rhatany,	2	Diascordium,	2
Compound Rhubarb,	3	Anderson's Antibilious & Purg.	2
Compound Colocynth,	3	Extract of Gentian,	2
Compound Squills,	4	Iodide of Potassium,	2
Dover Powders,	3	Calcined Magnesia,	2
Carbonate Iron, Vallett's formula,		Rhubarb,	2
Carbonate of Manganese and Iron,		Ergot Powder, covered with sugar	
Kermes,	1-5	as soon as pulverized,	2
Santonine,	½	Phellandria Seed,	2
Bi-Carbonate of Soda,	4	Washed Sulphur,	2
Meglin,	1	S. N. Bismuth,	2
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Tartar Emetic,  
Codeine,  
Conicine,  
Extract of Belladonna,

Extract of Hyosciamus,  
" of Ipecac,  
" of Opium,  
Proto-Iodide of Mercury,

Lupuline, gr. ½  
Extract Nux Vomica, ¼  
Veratrine, 1-24  
Sulphate of Morphine, 1-8  
Cerroise Sublimate, 1-12  
Nitrate of Silver, ¼  
Extract of Hyosciamus, ½  
Colchicum (each granule equal to two drops of tincture.)

Extract Rad. Aconite, gr. ¼  
Emetine, ¼  
Iodide Mercury, ¼  
Valerianate Morphine, 1-8  
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Digitaline, 1-24  
Strychnine, 1-12

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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXVI.

THURSDAY, MAY 2, 1867.

No. 13.

SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL  
HOSPITAL. SERVICE OF DR. HENRY G. CLARK.—NO. V.

Reported by Mr. RICHARD H. DERBY.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Patient, J. T., aged 15, entered the Hospital April 5th, 1859. For eight years previously he had suffered from inflammation of the left knee-joint. Until a year before entrance he was able to walk upon the limb. At that time he received a blow upon the knee from a stick, and had not been able to bear any weight upon it since. The knee was swollen and especially prominent over the condyles of the femur. The tibia was dislocated backwards. There was slight tenderness on pressure over the external condyle. The hamstrings were slightly contracted, and there was imperfect control of the limb. The thigh and leg were much emaciated. While walking, with the help of a cane, the toes of the left foot just touched the ground. Patient was thin and feeble, with a poor appetite.

April 12th.—A consultation was called, and resection of the joint was advised.

16th.—Operation by Dr. Clark. Patient was etherized and taken to the operating theatre. A semicircular incision was made from condyle to condyle of the femur, reaching the tubercle of the tibia. The integument, including the patella, was then turned back, and the joint exposed. The ligaments were divided, and an inch and a half of the femur and half an inch of the tibia removed by the saw. The cartilages of the joint were found to be ulcerated. Several vessels were tied, the patella was left *in situ*, and the flaps were brought together by five sutures. The whole limb was then bound firmly in a gutta percha trough. Water dressings.

17th.—Pulse 150. No urine voided. Tongue white and dry. Considerable pain in the knee. *R.* Elix. opii., spts. ether. nit., aa f 3 ss. *M.* At night.

18th.—Kept under the influence of opium. Urine free. Pulse 124. Tongue more moist. *R.* Tinct. verat. vir., gtt. iv.; elix. opii, gtt. xx. *M.* Every three hours.

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April 19th.—Comfortable night. Pulse 104. Slight purulent discharge from wound. Broth for dinner.

22d.—Very little pain. Free discharge from the wound. All sutures, and all but one ligature, removed. Appetite good.

30th.—Quite comfortable. Bowels kept open by medicine.

May 9th.—Edges of wound approximating.

16th.—Granulations have bridged over in several places.

19th.—General condition excellent. The limb was taken out of the splint and washed; the splint was then carefully renewed.

27th.—Gutta percha splint removed, and a Goodwin substituted. Turner's cerate over wound.

June 7th.—Limb removed from apparatus and laid on a pillow.

10th.—House diet.

23d.—The limb was carefully wrapt in sheet lint and placed in a starch bandage, with a pasteboard ham splint.

30th.—Allowed to walk about on crutches.

July 4th.—*R.* Pil. ferri iodid. One ter die. To go out.

25th.—The bandage was cut longitudinally at the side, that it might be removed at pleasure. Discharged, by request, well.

March 28th, 1860, the following note was received from patient: "My leg is so well that I do not have to use crutches or cane."

CASE II.—Patient, R. H. S., aged 16, entered the Hospital April 14th, 1860. He was small for his age and not of robust appearance. Five years before entrance he injured his right knee by a fall. From that time he was lame. Eighteen months before entrance, he was sick and obliged to keep his bed; at that time the knee became swelled and painful, and confined him in bed for three or four months. When he came out, the leg was stiff, in a straight position, and from that date it remained so. The leg was slightly dislocated outwards and bent on the thigh, so that the popliteal space was unduly prominent. No pain, tenderness, redness, heat or swelling in the knee. There was apparent ankylosis; but attempted motion caused pain.

April 20th.—Under ether, considerable motion was observed in the joint.

21st.—Operation by Dr. Clark. Patient was etherized, and a semilunar incision was made from one condyle of the femur, below the patella, to the other; the joint was opened, and the extremities of the femur, tibia and fibula dissected up a short distance and sawn off. Their surfaces were found extensively ulcerated. The patella was left. The limb was then placed in a straight position, and the edges of the wound brought together by sutures. A splint, bridged over below the knee, was then adjusted to the posterior aspect of the limb. *R.* Liq. morph. sulph., f 3 i. p. r. n.

23d.—Edges of wound in good apposition. Considerable effusion of blood under the flaps. Cold water dressings. *R.* Hospital fever mixture, f 3 i. every three hours. Poultice over wound.

May 1st.—For a few days past healthy suppuration has gone on in wound. Chicken and soup.

6th.—Considerable sloughing about the edges of the wound. *R.* Acid. nitric., f ʒ i.; aquæ, f ʒ iij. *M.* Painted over the edges of the wound. Beefsteak. Milk punch.

8th.—Appetite good. Substitute sol. sod. chlorinat. for acid nitric.

10th.—*R.* Decoct. cinchonæ flav., f ʒ ij, night and morning. *R.* Pulv. cinchonæ sprinkled over wound.

16th.—Wound more healthy.

22d.—Wound granulating. *R.* Argent. nitrat., over granulations. *R.* Quiniæ sulphat., gr. i., four times a day.

28th.—Healthy granulations observed over wound. The padding of the splint frequently changed. Considerable stiffness noticed between fragments.

June 15th.—Patient steadily improving. Wound nearly closed. Nearly able to raise the leg without assistance. Appetite good.

21st.—Limb laid on a pillow.

July 6th.—A starch bandage was applied from foot to groin.

7th.—Moving around on crutches.

18th.—Firm union at the knee. Some slight superficial ulceration of the cicatrix. Discharged well.

CASE III.—Patient, M. R., aged 8, entered the Hospital January 26th, 1861. She was a weak, puny, scrofulous looking little creature, unable to give any account of her past condition. The right knee was swollen, apparently in an acutely inflammatory state, very painful and exceedingly sensitive to the touch. The leg was contracted and drawn up on the thigh. She could not tolerate the least examination of the limb.

Jan. 28th.—Appetite poor. Excessive pain in the affected knee. *R.* Sol. morph. sulphat., gtt. xxv. *R.* Vini ferri, f ʒ i., night and morning.

30th.—Less pain. Appetite improving.

Feb. 9th.—General condition much improved.

March 17th.—Motion in joint increasing.

April 16th.—Some improvement; walking around the ward with crutches, the affected leg drawn up.

May 4th.—Operation by Dr. Clark. Patient was etherized, and the articular cavity of the knee laid open in the usual manner. The articular surfaces appeared smooth; the tissues about the joint were very vascular. Four different portions from the condyles of the femur were sawed off, i. e., about an inch and a half anteriorly and three quarters of an inch posteriorly. A section, a third of an inch thick, was likewise removed from the head of the tibia. The flaps were brought together by sutures and adhesive straps. The limb was placed in a well padded splint. Cold water dressings. *R.* Tinct. op. camph. at night. Brandy p. r. n.

5th.—Pulse 176. Some nausea and vomiting.

May 6th.—Pulse 172. Chicken broth. Brandy and water p. r. n. Warmth to feet. Spongio-piline (hot rum and water) to epigastrium.  
*R.* Elix. opii, gtt. xx. at night.

7th.—Rennet whey.

9th.—Wound looking well.

11th.—Appetite good. Leg in good position.

June 9th.—Apparently some displacement. Leg placed in a Desault's apparatus.

July 5th.—Doing finely. Appetite continues good.

August 13th.—Improving. Wound nearly healed. Some stiffness at knee.

Sept. 12th.—Considerable union at knee. "She can kick her leg up without using her hands."

Oct. 7th.—Firm union. "She can rest the weight of her body on the leg without pain." Starch bandage was applied.

Dec. 8th.—Walks easily without a crutch, and brings her heel to the ground.

Jan. 2d, 1862.—Discharged, well.

CASE IV.—Patient, J. G., aged 37, entered the Hospital March 16th, 1861. She was a miserable looking, debilitated, weak-minded, scrofulous person, who had apparently been under very unfavorable circumstances before admission. At the previous Christmas, after exposure, she had pain in several joints and abscesses about the right elbow and knee. At the time of entrance, the left knee was much swollen and stiff. The tibia was dislocated inwards and the joint very tender.

March 27th.—A large abscess on the outside of the left thigh, a little above the knee, was opened. *R.* Quinæ sulphat., gr. ij., t. d.

April 13th.—No improvement. The knee is still very painful.

May 11th.—Patient would not consent to amputation. Excision was advised.

Operation by Dr. Clark. Patient was etherized. The knee joint was opened in the usual way. A section, one and a quarter inches thick, was sawed from the condyles of the femur; and a section, a quarter of an inch thick, from the head of the tibia. The cartilages were extensively diseased, and the tibia was found dislocated backwards. The flaps were united by sutures. The limb was placed in a well-padded, straight splint.

18th.—The limb is maintained in good position, but there is no union in wound. House diet. Ale.

June 7th.—Exuberant granulations over wound, which is wholly open, the bones moving freely on each other, and at times being considerably displaced.

29th.—General condition improving.

July 5th.—Limb placed in a Liston's splint.

15th.—Some stiffness observed.

August 1st.—Wound nearly closed. Some union at anterior sur-

face of the bones. The limb was placed in a resection splint, consisting of a well-padded iron framework, the femoral and leg portions connected by hinges, a screw beneath the ham regulating the position and direction of the portions of the splint.

Sept. 21st.—Considerable stiffness, but union not firm. Starch bandage was applied.

October 26th.—The leg was firmly united with the thigh. Discharged, well.

### WEANING.

[Read before the Norfolk (Mass.) District Medical Society, January 18th, 1867, by a Member of the Society, and communicated for the Boston Medical and Surgical Journal.]

WEANING is a subject of little importance, if we may judge from the very limited attention given to it by medical writers. One looks over "the books" and journals, in dismay, when he would give an answer to the common question, "when shall I wean my baby?"

There are some young mothers who willingly stop nursing at the very earliest moment they can have the doctor's sanction for it, and are still better pleased if they are advised not to allow the breasts to be drawn at all. There is a much larger class, who, for various reasons, wish to nurse as long as they can; and, therefore, always represent their health, in reference to lactation, to be quite as good as it really is.

There is need that we have an opinion in this thing; and if the practitioner would decide wisely between the tendency to too little, and the tendency to too much nursing, and be ready to exert a controlling influence "on a subject that is oftener made a matter of convenience than of principle," he should have in his own mind some settled maxims or some definite plan.

The habits of life in the family, the customs of society, and the methods of education, as it is called, under which women are now brought up, seem to be cultivated, as with a set purpose, to incapacitate them to nourish their own offspring; and this is true to an extent that is beyond description and deplorable in the last degree. In the practices of society touching the education of girls, there is hidden, but yet not half concealed, a conspiracy against infant life, more widespread and more fatal than the decree of Herod of old. To prolong lactation, with such material for mothers, is cheating ourselves and the child, unintentionally, but none the less really, and is injuring the mother; and it ends too often in that formidable condition of mind and body, described by Copland under the head of "undue lactation."

It is often said that, if a child is not vigorous, its weaning should be delayed, if possible. I cannot but think that this view of the question has been held up too much, and has often led astray. In

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our anxiety to sustain a sickly child (too often an only one), we forget to scrutinize carefully enough the mother's condition. Many an infant has, by advice, been carried into the hot season, tugging at a breast likely to fail it in the time of its extremity, and, therefore, absolutely more dangerous to its welfare than all the hazards of an earlier weaning.

If a child has been fed at the breast for months, and is only poorly, it is but fair to inquire carefully into the mother's condition, especially as to the quantity and quality of the milk, for it is probably quite time that the child be weaned, or put to another nurse. At any rate, let there be caution how lactation is prolonged *because* the child is not doing well. "Small and weakly infants," says a writer seventy years ago, "if rather feeble than ill, are oftentimes benefited by being weaned; they should, therefore, about this age [12 months] be taken from the breast, instead of being, on account of weakness, nourished much longer in that way; a trial of such a change should at least in most instances be made."

But I must confine myself (for the sake of your patience) chiefly to these two topics, viz.—At what age, as a general rule, should a child be weaned, and at what season of the year?

Dr. Copland says: "The termination of the period of lactation becomes necessary when the infant is sufficiently old to be fed by many of the usual articles of diet, when it is from eight or nine to fifteen months old, and when it has four or six teeth, or more."

Dr. Maunsell says: "The time of weaning should be that indicated by nature, that is to say, between the seventh and twelfth month, in ordinary cases; when, by providing the child with teeth, she furnishes it with the means of obtaining nourishment from substances of a somewhat solid form."

Dr. Donné says: "It is ordinarily about the age of twelve or fifteen months that weaning should take place."

Dr. Tanner says: "The proper time for weaning healthy children is between the ninth and twelfth month."

Dr. Dewees says: "When the child has arrived at the eleventh or twelfth month of its age, it is generally thought to be sufficiently advanced to be taken from the breast."

Dr. James Jackson says: "Children are benefited by living principally on the breast for twelve months."

Sir John Forbes says: "The time of weaning ought to be determined chiefly by two circumstances—the health and state of the mother, and the development and health of the child. When the health of the mother continues perfect and the supply of milk abundant, weaning ought not to take place until the development of the teeth shows that a change of food is required. This usually happens about the ninth or tenth month."

Dr. James Stewart says: "As a general rule, the child ought not to be kept at the breast beyond a year; it may also, in the majority of instances, be weaned about the ninth or tenth month."

Dr. Gream says: "The child may be weaned between the eighth and tenth month."

Dr. Underwood says: "We shall not be very wide of the order of nature, if we say that a child ought not to be weaned much earlier than a twelvemonth old."

Dr. Condie says: "The proper period for the child to be taken from the breast may be stated, as a general rule, to be at the end of a year."

These are all the authors I have seen.

But I have additional authority in the testimony of members of this Society, whose wisdom and experience must not be lost. The first says: "I think a full year as good an age as any for weaning. I have known and directed children to be weaned at almost every age, and they have done well. Various causes may exist which render it necessary; as, for example, deficiency of nourishment on the mother's part, difficulty in assimilating the milk on the part of the infant, pregnancy or failing health in the parent; or any combination of circumstances, when it is apparent that the child or mother is not thriving. In many of these cases a wet nurse is the best substitute; but if, for any cause, not procurable, I do not hesitate to advise weaning, if I can depend on the judicious management of the mother or attendants in the matter of quantity and quality of the food, and attention to the cleanliness of the utensils in which the food of the child is prepared."

Another says: "My rule with regard to weaning has been something like this: if the child is near a year old in May, the first part of the month, is healthy and well advanced in teething, I allow weaning; but if not, I advise nursing till after dog days. I do not like to have a child getting its teeth at the age of fifteen to twenty-one months, in July and August, *recently weaned*."

The third says: "The first consideration is the health and well-being of the mother, as her life is the most valuable, and should not be put in jeopardy. If she bears nursing *well*, it may be continued from twelve to eighteen months, the time of weaning to be regulated by the condition of the child and the season of the year."

The fourth says: "A child should be weaned, as a general rule, when it is from nine to twelve months of age."

The fifth says: "A healthy child should be weaned at the age of one year."

The sixth says: "I should say nine months, supposing the child to be vigorous and healthy."

The seventh says: "Theoretically, nine months is the proper time; practically, seasons taken into account, nine to twelve months (or a few weeks more in exceptional cases), is quite the *reasonable* period."

The eighth says: "My impression is that it is well to nurse children more than one year; but we must be governed somewhat by the appearance of the teeth. As you are seeking the opinion of the expe-

rienced, I will add that I recollect once hearing the late Dr. George Hayward say that, in children of scrofulous tendencies, the disease was likely to be developed under prolonged nursing."

The ninth says: "I believe it is best that a child should be weaned at from ten months to a year old. It is not unfrequently an injury to both mother and child to continue lactation to fifteen or eighteen months."

I have one more authority on this point, and it is one of much value because it represents British medical opinion, and fixes the term of lactation independently of the condition of the mother. Before Victoria's first born appeared, Sir Joshua Waddington prepared a code of rules for the government of the royal nursery, and they were approved by the medical staff of Her Majesty. In these rules it is declared, that it is generally advisable that an infant be weaned "at the age of nine months."

The best average I can make, from all these authorities, gives almost eleven months as the approved term for lactation. But eleven months is a longer period than I would have, as a rule, in the present state of society. Children weaned at nine months do as well as those weaned at twelve months, for aught I have discovered. And if we fix nine months as the proper term of lactation, one, two or three months will, in many instances, be added to it, from a variety of causes; and if a longer term than nine months is named, just as much will be added to that, and lactation will be prolonged to a very doubtful period.

I suggest nine months—not as prefigured by gestation, nor by anything else, but—simply as the reasonable term for nursing.\*

In support of a shortened term of lactation, I have an impression, strong enough to influence me a good deal, that children nursed beyond one year—above all for two years—are not as likely to do well as those weaned earlier; and that scrofulous or puny children are not benefited by an extended term of nursing, especially of their own mothers; and, on the other hand, that mothers are generally benefited by a brief term of lactation.

The advancement of the teeth is generally made an item in deciding the question of weaning. The age for the development of the canine teeth—the most dreaded period of dentition—is about the eighteenth month, and to wait for the appearance of these teeth would be to establish an unreasonable term of lactation.

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\* Since this paper was read, a studious friend has sent me the following:—"It is generally recognized that the healthiest children are those weaned at nine months complete. Prolonged nursing hurts both child and mother; in the child, causing a tendency to brain disease—probably through disordered digestion and nutrition; in the mother, causing a strong tendency to deafness and blindness. It is a very singular fact, to which it is desirable that attention were paid, that in those districts of Scotland, viz., the highland and insular, where mothers suckle their infants fourteen to eighteen months, deaf-dumbness and blindness prevail to a very much larger extent among the people than in districts where nine and ten months is the usual limit of the nursing period.—Dr. WM. FARR *on the Mortality of Children*."

On this point of the importance of the development of the teeth, writers are very indefinite; and each writer who does specify what teeth he would have the child exhibit at the time of weaning, states that children usually show the specified teeth at about the age he has named as the fit time to stop lactation; so that in fact the cutting of the teeth comes to be a part of a cautious theory, but is in reality of very little consequence in deciding whether a child should be weaned or not.

Practically, children, like some adults, get on comfortably with few teeth or even none. And I have long inclined to the opinion that the *late* development of the teeth is not unfavorable to the well-being of the child. This opinion will, perhaps, be sustained. In defence of it I cannot here enlarge, but will mention the facts in one family. Two brothers, the only children, now seven and nine years old, and always in good health, were both weaned, of necessity, before they were nine months old; neither child had a tooth till full fifteen months old, and both had a very easy dentition.

But to our second topic: at what season of the year should a child be weaned?

The writers who have condescended to treat of weaning, say very little about the season of the year. Tanner and Copland, Stewart and Underwood, Gream and Maunsell, say nothing about it. Dr. Donn  (writing in Paris) says: "Season is of little consequence for children that are well and of good constitution."

Dr. Condie says: "Spring or autumn should invariably be made choice of for the period of weaning."

Dr. James Jackson says: "The safest period for weaning is from the middle of October to the middle of March; provided they be not weaned under ten months after December, under eleven after January, nor under twelve after February."

Dr. Dewees divides the year into three periods for weaning, viz., the convenient, the inconvenient, and the improper season. The moderate months, March, April, May, June, October and part of November, are the convenient season. The cold months, part of November, December, January and February are the inconvenient season. The hot months, July, August and September are the improper season.

But, on this point of the season of the year, I have the privilege to introduce again the testimony of my associates.

The first says: "On this point I have not much hesitation; I prefer October. The nights are not then too long or too cold. It is much easier, therefore, than later, and in the winter. I think better for the child, inasmuch as it gives a longer period for it to become accustomed to its new food before the approach of the hot weather renders it prone to those gastric disturbances which so often end in cholera infantum."

The second says: "I never advise weaning in July, August or

September, if not obliged to do so. I generally, so far as *the child* is concerned, advise—if the age, state of health and stage of teeth are favorable—the weaning of a child in April or May, or waiting until October or November, as near as may be.”

The third says: “If a child is not more than a year old in the spring, it should be nursed until the middle of autumn, which is the best season for weaning. If the child is one and a half year old in the spring, in good health, and having the usual supply of teeth at that age, it should be weaned.”

The fourth says: “At any time except in the months of July and August, in which if children are weaned they are liable to be attacked with bowel complaints. Ladies rather prefer the early part of June and the last part of September, and avoid, if possible, the extreme weather of winter.”

The fifth (with characteristic brevity) says: “Either after the warm season has passed, or before it has commenced. Of the two, I prefer the former.”

The sixth says: “A child should not be weaned between the first of May and the middle of October following. This is my general rule, but there are cases which forbid its adoption. When the mother’s health or the digestion of the child requires weaning, the season of the year is not to be considered; but in such cases greater care will be required for the preservation of the health of the child. If a child be a year old on the first of May, he should be weaned in April; if after that, he should nurse till October.”

The seventh says: “For myself, I have always advised postponing weaning, otherwise suitable, till the winter months commenced, or at least till the middle of October, when circumstances required earlier than the first named time. For instance, a child has reached nine months in the middle or last of summer; I advise deferring weaning (complete weaning) till November or December, if mother and child *agree*. That is, I prefer a few weeks, or months, longer than nine months, to a complete change in summer or fall. Weaning after the end of February always seemed to me to be more risky than before that time—a few more weeks of age not compensating for the greater risk.”

The eighth says: “As to the season of the year, we should avoid those months when diseases of the bowels prevail. If I saw any good reason to advise weaning, I should not be prevented from doing so by the consideration of the season.”

The ninth says: “The season most favorable for weaning I believe to be from the last of October to the middle of December. Next to that I prefer first, January; secondly, February; thirdly, March; fourthly, April; in short, giving preference to the months in the order in which they are remote from the next hot season, when children, who are not accustomed to feeding, are so much more liable to obstinate diarrhoea and cholera infantum.”

The testimony now presented, both of authors and of associates, is strong and decisive against weaning in hot weather; and it points clearly to the late fall as the best period for weaning.

The suggestions of Dr. Dewees, spoken of before, which divide the year into a convenient, an inconvenient and an improper season, were based on a large and careful observation, and are well worth remembering. If we look, however, for a formula on the season, we shall hardly find anything more concise than the words of one of our number already quoted: "either after the warm season has passed, or before it has commenced. Of the two, I prefer the former."

But in this evidence some doubt appears about weaning in the spring.

I will only add, for myself, that (so strong is my conviction that much nursing is not well borne by the mothers of this day) I would not hesitate to wean in the spring. If a child is nine months old early in May, I would advise that it be weaned, unless its mother exhibited uncommon capacities as a nurse. But each case of weaning, like each case of sickness, is to be considered and managed by itself, and not to be disposed of in rigid accordance with any fixed rules or maxims.

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#### MENTAL TOXICOLOGY.

[Concluded from p. 246.]

A COMPARISON of these illustrations will warrant the conclusion, I trust, that weakness of the presentative faculty—implying limitation in the range of ideas, or ignorance—results in a corresponding feebleness in the regulative faculty, or common sense. The removal of that control lets loose the imagination, which becomes morbid, because fear is twin sister of ignorance. As the emotions are determined by the preceding processes of cognition, they become roused into passions, which prevent a deliberate act of will, but excite a "blind tendency to act"—or desire—which manifests itself as an acute mental neurotic poison, acting through the cerebro-spinal system, in the modified character of morbid sympathy and imitative impulse. "The tendency of advancing civilization," says Buckle, "is to invest the reasoning powers with that authority which, in an early stage of society, the imagination exclusively possesses; but even in this age it has far too much power."

Dr. Taylor remarks that "most poisons, when their effects are not rapidly manifested, . . . are capable of slowly undermining the powers of life, and killing the patient by producing emaciation and exhaustion."

In illustration of what may be called chronic mental poisons, I will refer to premature and excessive use, or abuse, of the mind, acting through the cognitive faculty upon the vital process of innervation—

and also to mental influences of a depressing character, especially such as result in nostalgia, as that serves in illustration. The latter appear to act more especially through the emotions, or the "phenomena of pain," upon the vital process of nutrition.

In illustration of premature and excessive mental labor combined, I will quote from the words of Dr. Ray on "Mental Hygiene"—a book which should be adopted as a standard reader in our public schools, so that the inculcation of its principles may influence another generation to practise what the present seems to ignore.

"How much a man may use his brain without endangering its health, is a question which admits of no definite answer, because it depends much on the original stamina of the individual and the intensity of his application. . . . After making all allowance for these differences, I think we may say that few can exceed six hours a day of close mental application without endangering the health. . . . Men who have been long accustomed to write books, and experience a certain pleasure in the exercise, unite in declaring that five or six hours a day in the labor of composition cannot be profitably exceeded. According to the chemical experiments of Professor Houghton, of Trinity College, Dublin, respecting the relative amounts of physical exhaustion produced by mental and manual labor, two hours of severe study consume as much vital force as is abstracted by an entire day of mere manual labor.

"Sir Walter Scott, than whom few literary men have accomplished a greater amount of intellectual labor, by reason of a naturally strong constitution, good habits of exercise and recreation, emphatically declared that six hours a day was the utmost limit of his task work; and the correctness of his statement was painfully verified in the latter part of his career, when the desire of retrieving his fortunes induced him to exceed this stint. The melancholy result is known to every one, and it forms a chapter in literary history unsurpassed by any other in its deep, tragic interest." He died of paralysis. . . . "Unless, therefore, we greatly misapprehend the nature of the connection between mental activity and the organic condition of the brain, we have a right to conclude that the youthful powers may not be less severely tried by five or six hours study than the adult mind by the practice of writing for the same period. But this is not all. The young and the adult brains possess very unequal capacities of application and endurance. . . . To suppose the youthful brain to be capable of an amount of task-work which is considered an ample allowance to an adult brain, is simply absurd, and the attempt to carry this folly into effect must necessarily be dangerous to the health."

This absurd folly is the practical system of education in the city of Boston and throughout New England. The youthful mind is forced into a state of the highest activity for five and six hours daily for years in succession. The Sabbath, even, is not a day of mental

rest. Most frequently additional tasks of mental labor are daily required out of school hours at home. That children survive this form of poisoning, only illustrates the influence of habit on poisons. Dr. Tyler says: "Habit, it is well known, diminishes the effects of certain poisons. . . . The same influence of habit is manifested in the use of . . . strychnia and other alkaloids." Children who may be salutarily obtuse, and who are vigorous in recreation, probably will survive; but too many sensitive and ambitious children, stimulated often by mistaken parents to renewed exertions, have their names either recorded in flattering obituaries, or in the melancholy annals of our public institutions.

Epilepsy, chorea, and a nervous erethism which is the vanguard of hosts of disease, are among some of the effects of chronic poisoning of this character. As the substance of the brain is consumed by every thought, emotion, and exercise of the will, there is continually during wakefulness a constantly progressing destructive metamorphosis of nerve cells in the brain, depending upon the activity of the mental faculties. The balance between destruction and repair is made up by the process of nutrition, and, in most part, during the hours of sleep.

Dr. Anstie remarks that "a paresis of the vaso-motor nerves of the cerebral arteries is produced by excessive mental exertion"—being dilated, therefore, they passively retain instead of actively contracting upon the vigilant current—and, as Dr. Hammond states, "wakefulness is produced by an increased amount of blood attracted to the brain by long-continued or excessive mental exertion."

This fatigue, or rather paralyzing effect of chronic mental poisoning, may be so long continued as to render it impossible for the tired brain to get repose. Insomnia, paralysis, and hosts of nervous disorders, are among some of the toxic effects of excessive mental exertion. Sir Walter Scott, Cowper, Southey, Sir William Hamilton, and multitudes of our once brilliant cotemporaries, whose palsied bodies are but the charnel houses of their souls, mournfully attest the startling truthfulness of the toxic effects of excessive mental exertion.

The taint of these poisons is hereditarily transmissible.

It is a question of the gravest import, in view of the close analogy between the effects of material and mental neurotic poisons, whether there may not be some similar responsibility accruing to the administration of each.

In the etiology of tuberculosis, Dr. Dobell speaks of the paralyzing effect upon the vital process of nutrition, of disappointment and nostalgia.

In illustration of some of the effects of nostalgia, I can perhaps do no better than to refer to an article which I read with bitter interest at the date and place of publication. I quote from the

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Charleston, S. C., *Daily Courier*, Sept. 19, 1864. "There are Federal prisoners to the number of fifty thousand now literally languishing between life and death in the prisons of the Confederate States. Nostalgia, in its most repulsive feature of insanity, makes a Bedlam of lunatics of these prison pens, whose wretched inmates lie down at night exhausted with their meaningless words about home and exchange, to rise again in the morning and renew the same unintelligible jabbering. Death carried off at Andersonville alone, in the months of July and August, *eight thousand and eight* of these poor creatures. Human misery has reached its acme when insanity supervenes, and the loathsome disease which follows nostalgia is known to physicians to produce derangement."

In an essay upon Scurvy, Dr. Hammond says: "Nostalgia is a common exciting cause of scurvy. To this, and the despondency of mind which attends it, the attacks of scurvy which have proved so fatal to Arctic adventurers owe much of their violence."

These examples, I trust, attest to the toxical influence of the mind, as a chronic neurotic poison, "in slowly undermining the powers of life, and killing the patient by producing emaciation and exhaustion," or by its poisonous action upon the vital processes of nutrition and innervation. This effect may result, as in the last examples, from the influence of the depressing emotions, or "the phenomena of pain."

Examples of the influence of the mind as an irritant poison are of comparatively common occurrence. Dr. Murray remarks that, "the most baneful effects of emotion are to be found in those parts supplied by the sympathetic system, viz., in the viscera, and blood-vessels . . . leading to disturbance in the processes of circulation, nutrition," &c. Dr. R. B. Todd says that, "upon none of the organic actions does emotion exert more influence than the circulation. In blushing, in the deadly paleness of the blood-deserted cheek, in the cold sweat of fear, in the depression of the heart by syncope, we find instances of action . . . due to local changes in the capillary circulation by the power of emotion."

Terror, section of the cervical sympathetic, large doses of opium and alcohol, the poison of cholera, and the venom of serpents, all have analogous modes of paralyzing vaso-motor nerves by their toxical actions. The biliary secretion is stopped by the bite of venomous serpents. "The most rapidly fatal cases of cholæmic poisoning," says Dr. McLeod, "are due to paroxysms of mental emotion."

The poison of cholera suppresses the biliary function, while terror—which ignorance of natural laws engenders—is oftentimes far more efficient in the production of that disease than any general susceptibility of the digestive organs. The secretions may be increased, as is seen in the copious effusion of watery elements often-

times produced by terror. In a recent work entitled "Surgical Observations, with Cases," Dr. J. Mason Warren records an interesting case, "showing the powerful influence of fear in effecting the reduction of an apparently irreducible hernia, which had resisted all the ordinary means of treatment." The influence of terror upon sensation is familiar in the chill horror of fright. A "burning shame" is a trite phrase—or rather used to be before chorea lasciva became epidemic. It is said that the test for a thief in India consists in compelling the parties suspected to hold handfuls of rice in their mouths, and the offender is detected by the dryness of his mouthful.

The toxic influence of certain emotions will decompose the elements of bile and urine. Instances of nausea and vomiting caused by disgust are well known. Ovarian and uterine diseases, abortion and miscarriage, are among some of the most lamentable results of mental irritant poisoning. Shakspeare compares the effect of jealousy upon Iago to a corrosive mineral poison.

"For that I do suspect the lusty Moor  
Hath leap'd into my seat, the thought whereof  
Doth, like a poisonous mineral, gnaw my inwards."

And also—

"Dangerous conceits are in their natures poisons."

The application of antidotes requires a thorough knowledge of mental physiology, pathology and therapeutics, based on the principles of logical reasoning. If the melancholy results of statistics are correct, then must we believe that the principles of psychotherapy are but comparatively little understood in general practice. They teach that eighty per cent. of mental diseases *may* recover, if *promptly* recognized and correctly treated; whereas, the uniform result, deduced from the comparison of thousands of examples, is, that scarcely forty per cent. recover, but become chronic and a burden to the country, because the proper opportunity for treatment was either unrecognized or criminally employed in ignorant tampering. The words of Dr. Forbes Winslow are so appropriate in illustration, that I will close with a quotation from his "Lectures on Insanity":—

"We form but a low and grovelling estimate of . . . the duties of our dignified vocation, if we conclude that our operations are limited to a successful application of mere physical agents. Many physicians of extensive practice are destitute of the ability of searching out and understanding the moral causes of disease. They cannot read the book of nature, . . . in which will be found the most active and incessant principle of that frightful series of organic changes which constitute pathology. . . . Many a disease is the *contre coup*, so to speak, of a strong moral emotion."

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## FEMALE PRACTITIONERS OF MEDICINE.

WE revert to this subject, as we find it still occasionally alluded to in various quarters.

To those whose idea of medical practice is that it consists in making a round of visits during certain convenient hours of the day, and prescribing elegant mixtures for chronic ailments, or lancing the gums of teething infants, the question whether the softer sex are competent to the work may seem easily answered in the affirmative. But, when one has tried the process for a few years, and felt the heavy burden pressing constantly upon his shoulders, and the strain upon the mental and physical energies, which, with the absorption of his time, often leaves little opportunity or inclination for the enjoyment of society or amusement, the subject becomes one which requires somewhat careful consideration. To recollect for a moment, the broken slumber, the warm bed left for a distant walk or ride in cold or storm, to be followed perhaps by hours spent by the bedside of suffering and danger; the morning's work begun with that fatigue with which the sons of toil are wont to end the day; the temptation to sympathetic feeling which duty demands shall be kept within stern control; the stubborn facts with which we have to deal, and which necessitate the strictness of logical inference, yielding no play to the imaginative or the fanciful, save to lead to error or delusion; the rough contact with the vulgar and the vicious as often as the favored intercourse of the refined; these things suggest at least a doubt.

But we live in a part of the world and in an age where and when everything that is established and recognized must be investigated anew—must show its credentials. Nothing must be taken for granted. That a course of action has not been tried is sufficient reason that, with or without reference to the fitness of things, it should be attempted. The rostrum and the pulpit have been graced by our sisters of the fairer sex, and now these latter demand admission to the ranks of peripatetic doctors.

From Hippocrates to the present day medicine has been mostly in the hands of men. Votaries of *Lucina* have indeed existed among women in all time, though generally in a subordinate position. Also while the medical art was confined to the Arabian school of physicians and the Roman Catholic Priests, midwifery was practised altogether by females, and continued in their hands till Ambrose Paré began its restoration to our profession. That obstetrics, while for that long period under the control of midwives, made no advances, we shall not use as an argument in this place, because, general education being usually denied to women at that time, it would be unfair to expect much of them in the way of scientific discovery. It is, then, altogether by *a priori* reasoning that we shall endeavor to draw our conclusions—not as to whether it be expedient that females should attend the practice of medicine—but as to whether they will be likely to succeed.

We take the negative side, from considerations which we will endeavor briefly

but respectfully to present. First, a physiological obstacle has often been alluded to, viz., menstruation. That function occupying, we will say, from three to seven days, it follows that the adult female, before the period of the final cessation of the catamenia, is menstruating—when in health and not pregnant or nursing—from about one ninth to one fourth of her time, year in and year out. During the menstrual period, Michelet declares that the woman is an invalid, and should be treated as such. In this there is, perhaps, exaggeration. Yet there is a certain truth behind Michelet's theory, in that the menstrual condition verges closely upon, and easily crosses the line into the abnormal, and thus amounts to an impediment. The natural congestion of the genital organs during the catamenia, is with facility converted into a morbid one, and their general exaltation of function at that time renders them prone to disorder. A sudden chilling of the surface, or even of the extremities, is sufficient often, as we know, to arrest the menstrual flow, and to bring on a febrile condition, delirium, and even convulsions. During, then, from one ninth to one fourth of the active period of life, it is imprudent for the female to be exposed to those inclemencies of weather which, by night and by day, and for seven days in the week, it is the business of the medical practitioner to encounter.

But, further, just as in childbed the entire organization may be said to be in the puerperal state, so during the catamenia other and distant organs, as the brain, share in the menstrual condition with the uterine system. And the subject of this latter condition, if not an invalid as Michelet says, yet requires to be treated with extraordinary forbearance. She is often perverse in her feelings, her views of things are liable to be distorted, and her judgment to be less reliable than usual. Thus we argue that the menstrual state is liable to be an obstacle to the female practitioner, both objectively and subjectively.

But, if the female disciple of Hippocrates be married, she will be, we take it, as liable to family accidents as other women. Pregnancy, with its more or less enfeebling reactions, and burdensome disability, with its risks also to mother and fœtus from mental shocks; childbed, with its weeks of enforced inaction; the period of lactation, with its bondage to the claims of maternity; must, taken together, involve a year and a half or more of withdrawal from professional avocations. Such protracted withdrawal would be likely to break up the practice of any physician. In fact, we shall take it for granted that marriage would pretty much end the medical career of the female, and thus, from a business point of view, cause to be thrown away the years of preparation necessary for professional competency.

Secondly, that overflowing sympathy which is such an attractive characteristic of woman, and which renders her a gentle and devoted nurse, not only meeting but anticipating every want of the sick bed—that very excess of sympathy stands in the way of her efficiency as a physician. Even we, with our sterner natures, are often compelled to great efforts to subdue our feelings that calm reason may have sway; that we may decide coolly and deliberately on the measures best to be chosen; or, what is harder still, that we may preserve a masterly inactivity. The tendency of uncurbed sympathy is toward impatience of the slow action of remedies, toward frequent changes, and toward redundancy in the employment of them. Thereby nature is not given fair play, and the patient is the loser.

Thirdly, the peculiar characteristics of the female mind, we think, hardly afford scope for first-class attainments in either medical observation or practice. Here, however, we are not to permit our gallantry to be impeached by assuming the mental inferiority of woman. For the sake of the present argument we might even admit her intellectual superiority. It is sufficient for our purpose to claim that the feminine intellect is cast in a different mould from the masculine. We consider that both have their special merits and deficiencies, and are thus supplementary to each other. Among the special qualifications of the masculine mind we place logical solidity, and a certain grasp which gives the power of surveying a wide range of facts, of classifying them so as to assign to each its proper place and bearing, and of passing upon them, as it were, judicially. The female intellect, on the other hand, we hold to be more suggestive, quicker and more acute in its perceptions, and perhaps more intuitive. The latter seems to us allied in its workings to the poetic temperament, and even to genius; the former to the laborious plodding of talent. Now for observation of, and induction from medical facts, we do not want the creative genius even of a Milton, but rather the patient research and broad reach of the Baconian philosophy. And in the diagnosis of a case we require not the sparkle of inventive wit, but the careful collection, sifting and comparison of evidence indicative of the judicial mind. In both diagnosis and the selection of remedies, we particularly eschew impulsive judgments, and all "jumping at conclusions." And we beg the pardon of the fair sex if we intimate that to these errors they are gracefully prone.

Lastly, that nicer sense of delicacy which is the birthright of woman, and which we love to see her cherish, should, we think, interfere with her acquiring that knowledge of the human frame which is necessary to the medical practitioner, and oppose her familiar dealing with certain matters of daily medical experience; particularly when we remember that we have assumed to confine the list of female doctors to unmarried women. That female medical pupils should be instructed in common with students of the other sex is not to be thought of. Delicacy and even decency forbid it. Separate institutions would have to be established for their education. But, even then, we must say that the necessary curriculum of medical pupilage is such that we cannot think young girls would be elevated by it. To initiate them into the ghastly mysteries of the dissecting-room and dead-house, must blunt their natural refinement. To familiarize them with the anatomy and physiology of the male and female generative systems, together with the whole history of the relations of the sexes and with that of venereal diseases, we must believe would unsex them. Indeed, we are old fashioned enough to think that it is not well for them to know everything which their mothers do, and which matrons may learn without the suggestion of prurient imaginations. Nay, we are assured that the pure-minded girl instinctively feels that there are certain subjects which her maidenly dignity requires her to ignore.

In fine, to sum up our ideas on this subject in one sentence, we do not believe that women are adapted to the study and practice of medicine. If the reverse ever obtains, as where a woman has a masculine instead of a feminine cast of mind, it is, we think, but the old story of the exception proving the rule. We can neither legislate nor educate to cover exceptional cases.

THE status of the apothecaries of Massachusetts as it relates to the law for the sale of spirituous liquors, is ably set forth by Mr. S. M. Colcord before the "Joint Committee on Licenses of the Senate and House," and reminds us somewhat of the former position of the medical profession regarding anatomy. While there were no means of acquiring a knowledge of practical anatomy, except surreptitiously and in violation of law, yet malpractice resulting from ignorance of the structure of the human frame was severely punishable. It was necessary to dissect, and yet the means of dissection could not be legally obtained. So now, the apothecaries are under the daily necessity of dispensing spirituous liquors, while their so doing is in contravention of the prohibitory law, and renders them liable to severe penalties. That pure wines and liquors are often necessary in the treatment of disease, and sometimes indispensable to the preservation of life, is a point which requires no discussion in these pages.

WE have received a specimen of "syrup of the phosphates of iron, quinia and strychnia," from Mr. G. F. H. Markoe, a highly reliable "chemical pharmacist," associated with Mr. J. T. Brown, Washington St., corner of Bedford St.

With reference to this article, the Editor of the *New York Medical Journal* says:—

"Dr. Lyons has for some time past employed, with, he conceives, very important therapeutic results, this powerful tonic combination, for which the profession is mainly indebted to the late Dr. Eaton, Professor of *Materia Medica* in the University of Glasgow, and Professor Aitken, of the Royal Victoria Hospital, Netley."

The last edition of Aitken's "Practice of Medicine" gives the following formula for the preparation of this tonic:—

"*R.* Ferri. sulph., 3v.; sodæ phosph., 3i.; quiniæ sulph., grs. cxcii.; acid. sulph. dil., q. s.; aquæ ammoniæ, q. s.; strychniæ, gr. vi.; acid. phosph. dil., 3xiv.; sacchar. alb., 3xiv. Dissolve the sulphate of iron in one ounce of boiling water, and the phosphate of soda in two ounces of boiling water. Mix the solutions, and wash the precipitated phosphate of iron till the washings are tasteless. With sufficient diluted sulphuric acid, dissolve the sulphate of quinia in two ounces of water. Precipitate the quinia with ammonia water and carefully wash it. Dissolve the phosphate of iron and the quinia thus obtained, as also the strychnia, in the diluted phosphoric acid; then add the sugar, and dissolve the whole and mix without heat. The above syrup contains about one grain of phosphate of iron, one grain of phosphate of quinia, and one thirty second of a grain of phosphate of strychnia in each drachm. The dose might therefore be a teaspoonful three times a day."

Mr. Charles Bullock, in the *American Journal of Pharmacy* for March, 1867, describes what he considers an improved method of making the combination.

WE have received from Dr. Jos. M. Toner, 350 Pennsylvania Avenue, Washington, D. C., a circular referring to a proposed "Biographical Dictionary of Deceased American Physicians." Any one having in his possession obituary notices or other information concerning deceased American practitioners of regular medicine would confer a favor on Dr. Toner by sending him such materials for his work.

DELEGATES to the American Medical Association are reminded that the annual meeting for 1867 takes place at Cincinnati, on Tuesday of next week, May 7th, at 11, A.M.

*New Medical Journal in Kansas.*—We have received the prospectus of a new monthly medical Journal to be published in Leavenworth, Kansas, under the name of the *Leavenworth Medical Herald*. The Editors are C. A. Logan, M.D., and T. Sinks, M.D. Each number will contain forty-eight pages of reading matter, and the journal is intended to be the organ of the extreme Western States. The editors have our most cordial sympathy in their undertaking, which certainly indicates a most enterprising spirit.

*Middlesex South District Medical Society.* MESSRS. EDITORS,—At the annual meeting of the Middlesex South District Medical Society, held at Waltham, April 17th, the following officers were elected:—*President*, Samuel Richardson, M.D. *Vice President*, Henry Cowles, M.D. *Secretary*, J. T. G. Nichols, M.D. *Treasurer*, B. F. D. Adams, M.D. *Supervisors*, Drs. L. E. Partridge, J. Pratt, Josiah Bartlett. *Censors*, Drs. M. Wyman, J. L. Sullivan, L. B. Morse, R. S. Warren, C. H. Allen. *Commissioner on Trials*, Dr. Theo. Kittredge. *Councillors*, Drs. Anson Hooker, Enos Hoyt, T. P. Robinson, W. W. Wellington, J. F. Wakefield, J. C. Harris, J. C. Dow, E. F. Barnes, A. C. Livermore, A. C. Webber, Levi Goodnough, Howland Holmes. *Delegates to American Medical Association*, Drs. L. B. Morse, Edgar Parker, J. L. Sullivan, L. E. Partridge, A. W. Whitney, Anson Hooker, Augustus Mason, Morrill Wyman, J. Appleton, R. L. Hodgdon, Jeffries Wyman, J. R. Morse. J. T. G. Nichols, *Secretary*.  
Cambridge, April 23, 1867.

ALBERT DAY, M.D., the organizer and successful manager of the Washington Home in this city, has been appointed Superintendent of the State Inebriate Asylum at Binghamton, N. Y. The trustees have been fortunate in securing the services of so able a man. It is hoped that the institution will be opened about the first of May.

PROF. WM. WARREN GREENE, of Berkshire Medical College and of the Medical School of Maine, has received the appointment of Professor of Surgery in the University of Michigan. It is doubtful whether he accepts the appointment.

At the close of the first course of lectures at the Humboldt Medical College, in St. Louis, Mo., on the 11th ult., four gentlemen received the degree of M.D.

**VITAL STATISTICS OF BOSTON.**  
FOR THE WEEK ENDING SATURDAY, APRIL 27th, 1867.  
DEATHS.

	Males.	Females.	Total.
Deaths during the week	36	33	69
Ave. mortality of corresponding weeks for ten years, 1856—1866	40.4	39.7	80.1
Average corrected to increased population	00	00	87.2
Deaths of persons above 90	0	0	0

PAMPHLETS RECEIVED.—A Theory of Inflammation—Its Cause, Course and Rationale of Treatment. By Nelson L. North, M.D., New York.

DEATHS IN BOSTON for the week ending Saturday noon, April 27th, 69. Males, 36—Females, 33. Abscess, 2—accident, 1—apoplexy, 1—congestion of the brain, 1—disease of the brain, 6—consumption, 15—convulsions, 1—debility, 1—dropsy, 1—dropsy of the brain, 1—erysipelas, 1—scarlet fever, 2—typhoid fever, 2—gastritis, 1—infantile disease, 6—disease of the kidneys, 1—laryngitis, 1—congestion of the lungs, 2—gangrene of the lungs, 1—inflammation of the lungs, 9—marasmus, 1—pleurisy, 1—pyæmia, 1—smallpox, 3—syphilis, 1—unknown, 5.

Under 5 years of age, 22—between 5 and 20 years, 8—between 20 and 40 years, 18—between 40 and 60 years, 9—above 60 years, 12. Born in the United States, 52—Ireland, 11—other places, 6.

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" Strontium,	0.0039
" Calcium,	97.9757
" Magnesium,	23.6823
" Sodium,	4.0389
" Potassium,	1.2765
Iodide of Magnesium,	0.1412
Bromide of Magnesium,	1.3116
Magnesia,	11.2629
Alumina,	0.0063
Phosphate of Aluminium, trace	0.3200

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**DR. HEATON**, 2 Exeter Place, Boston, continues to devote special attention to the "Radical Cure of Hernia, or Rupture," in all its forms (including not only reducible Hernia, but those cases heretofore considered irreducible). He also attends to the Cure of Varicocele, Hydrocele, Strictures, Hemorrhoids, Fistula, &c. Apr. 6

**DR. W. H. PRINCE**, late Superintendent and Physician of the Northampton Lunatic Hospital, continues to give special attention to mental disorder, and will receive a limited number of cases for personal care and attention at his residence in Northampton. Dec. 18, 1865.

Boston, July 1st, 1861.

HAVING sold to Messrs. CODMAN & SHURTLEFF, 13 Tremont Street, our entire stock of Surgical, Dental, and Veterinary Instruments, and having relinquished these branches of our business, we hereby recommend the establishment of Messrs. CODMAN & SHURTLEFF to our former patrons. HASSAM BROTHERS, (late Kingman & Hassam). Feb. —1f



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**XX. MAPOTHER, E. D. A Manual of Physiology and of the Principles of Diseases. Second Edition.** 150 Illustrations. pp. 566. London. \$4.50

**XXI. INTESTINAL OBSTRUCTIONS.** By Wm. Brington, M.D. Edited by Thomas Buzzard. 12mo. 1867. \$2.75

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2045.] Thursday, May 9, 1867. [Vol. LXXVI. No. 14.

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**TO PHYSICIANS.**—At the request of several members of the Profession, Dr. HORATIO R. BORDEN will deliver a private course of twelve lectures upon the Treatment of the Surgical Diseases of Women, during the first fortnight of June, at his rooms in Boston. Gentlemen attending the course will be required to show their diplomas. Fee, \$50.

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Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

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Ap. 11

### GUIDE FOR THE MEDICAL BATTERY.

"A Guide-Book for the various Medical Batteries," being a compendium from his larger work on *Medical Electricity and Nervous Diseases*, by ALFRED C. GARRATT, M.D. It illustrates a variety of modern and improved apparatus, as well as new methods and Rules for the scientific employment of electricity in the treatment of nervous affections. It is a small book, but full of practical matter. Published by Lindsay & Blakiston, Philadelphia, and for sale by E. P. Dutton & Co., at 135 Washington Street. It is an 8vo. of 180 pages. Price, \$2. Jan. 10-1y.

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A work on *electro-physiology, and electricity as a therapeutic*, with special reference to practical medicine, by A. C. GARRATT, M.D., Fellow of the Mass. Med. Soc., &c. This (the revised third edition) is probably the most comprehensive work on this whole subject of *medical electricity and nervous diseases* to be found in any language. It is an 8vo. of 1000 pages and 100 engravings, published by Lippincott & Co., Philadelphia, and for sale by E. P. Dutton & Co. at 135 Washington, corner of School Street, Boston. Price, \$6. Jan. 10-1y.

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Aloetic,	4	Proto-Iodide of Iron,	1
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Aloes and Assafœtida,	4	Sulphate of Quinine,	1
Dinner, Lady Webster's,	3	" " "	2
Compound Cal. Plummer's,	3	Valerianate of Quinine,	1
" " " "	1½	" of Zinc,	1
Blue Pills,	3	" of Iron,	1
Opium Pills,	1	Citrate of Iron and Quinine,	2
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Opium et Acet. Plumb., each	1	Willow Charcoal,	2
Extract of Rhatany,	2	Diascordium,	2
Compound Rhubarb,	3	Anderson's Antibilious & Purg.	2
Compound Colocynth,	3	Extract of Gentian,	2
Compound Squills,	4	Iodide of Potassium,	2
Dover Powders,	3	Calcined Magnesia,	2
Carbonate Iron, Vallett's formula,		Rhubarb,	2
Carbonate of Manganese and Iron,		Ergot Powder, covered with sugar	
Kermes,	1-5	as soon as pulverized,	2
Santonine,	½	Phellandria Seed,	2
Bi-Carbonate of Soda,	4	Washed Sulphur,	2
Meglin,	1	S. N. Bismuth,	2
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Codeine,	" of Ipecac,
Conicine,	" of Opium,
Extract of Belladonna,	Proto-Iodide of Mercury,

Lupuline,	gr. ½	Extract Rad. Aconite,	gr. ½
Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Cerrosive Sublimate,	1-12	Acetate Morphine,	1-8
Nitrate of Silver,	½	Digitaline,	1-24
Extract of Hyosciamus,	½	Strychnine,	1-12

Colchicum (each granule equal to two drops of tincture.)

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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXXVI.

THURSDAY, MAY 9, 1867.

No. 14.

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SOME CASES FROM PROF. GREENE'S CLINIC IN THE MEDICAL  
SCHOOL OF MAINE, SESSION OF 1866.

Reported by H. H. KIMBALL, M.D., Professor of Surgery.

[Communicated for the Boston Medical and Surgical Journal.]

*Softening of Inferior Dental Nerve; Exostosis of Infra-orbital Canal; Trephining; Cure.*—Mrs. W., aged 54. About three years ago, she began to suffer from pain at the angle of the lower jaw on the right side. This was paroxysmal in its character, but the attacks were so frequent and severe as to unfit her for usefulness or enjoyment. Her sufferings had been much increased during the past year, and the pain now affected the whole side of the face, being quite severe in the *infra-* and *supra-*orbital regions. There was no tenderness or swelling; no apparent derangement of the general health that was not referable to the local suffering. She had undergone most thorough medical treatment, both general and local, in the hands of good physicians, with no avail. Hypodermic injections of morphine and atropia had failed to afford any marked relief. Prof. Greene said that from the fact that there was no failure of the general health previous to the local trouble, and none now except the debility, fairly attributable to the long-continued pain, and also the fact that the various plans of treatment, whether alterative or tonic, combined with the most powerful anodynes, had failed, it was probable that the disease was local in its character. Whether the inferior dental nerve alone was involved, or whether the main trunk of the fifth pair was diseased, was doubtful, but as the pain was so completely localized at the angle of the jaw at the outset, and so remained for many months, the probabilities were that the pain along the other branches was reflex. At any rate, it was one of those cases where we are justified in trephining the jaw and exposing the nerve. We might find the nerve inflamed or softened, or pressed upon by a little bony tumor projecting within the dental canal. Oftentimes these cases were associated with and dependent upon otitis or caries, but here there was no evidence of diseased bone. The two last molars had been extracted years before, but the parts seemed healthy. Dr. G.

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had operated in one case where the nerve and the surrounding bone appeared perfectly healthy, but perfect relief followed division of the nerve.

Ether was given, and a curved incision, with its convexity looking downward and backward, made over the angle of the jaw, the bone carefully exposed, and with a small trephine a button of bone removed, exposing the dental canal. The nerve was found so much softened as to lacerate readily when the attempt was made to raise it from its bed. The exposed portion was all removed, the wound closed with silver sutures, and a wet compress applied. The relief from pain at this point was immediate and complete. The lady slept well without anodynes, and in a week returned home well, with the exception of some pain still existing in the infra-orbital region.

At the end of six weeks she returned, complaining of a great increase of suffering. The pain was well localized, and entirely neuralgic in its character. Ether was again administered, and by a curved incision the nerve was exposed at its exit from the infra-orbital foramen. It appeared to be perfectly healthy, but upon cutting away the walls of the canal for half an inch, a little sharp exostosis was seen upon the right side, pressing upon and flattening the nerve. This was removed, the wound closed, and simple dressing applied. The relief was immediate and complete. The patient remained well two months afterwards, since which there is no report from her.

*Deep Tumor of the Neck ; Ligation of the Internal Jugular Vein.*—Mrs. —, aged 42. Brought to the clinic by Dr. Palmer, of Brunswick. Two years ago, she noticed a little lump just above and to the outside of the right sterno-clavicular articulation. It was now an irregularly shaped, hard mass, about the size of a hen's egg, partially covered in by the sterno-mastoid muscle. It was not tender, and but slightly painful. It pressed with sufficient force upon the trachea to produce a severe cough and difficult breathing, and it was for this reason that she desired its removal. The skin was freely movable over it, as was the muscle, but its feel gave evidence of deep-seated attachments.

Prof. Greene said that although certain characteristics usually presenting in malignant growths were absent here, yet from its irregularity in shape, extreme hardness, and the age and cachectic appearance of the patient, while at the same time by the process of elimination the various benign growths could be fairly excluded, it was in all probability of a heterologous character. From its extreme depth and its probable attachments to trachea, œsophagus and the sheath of the main vessels, its removal would be attended with much hazard ; nevertheless, as an operation was the only remedy, the attempt was justifiable under the circumstances.

Ether was administered, and the tumor exposed by a straight incision along the inner border of the sterno-mastoid. The tumor was

adherent to the trachea and œsophagus, and firmly blended with the common sheath of the carotid and jugular, the latter vessel itself being so involved that in attempting to separate it the walls gave way and a profuse gush of venous blood occurred. This was immediately controlled by pressure until a ligature could be applied, when the dissection was completed and the growth removed. For some days the patient suffered from headache and local inflammation, but eventually made a good recovery, the ligature coming away on the thirteenth day. Prof. G. remarked, in this connection, that he was convinced, both on theoretical grounds and from his own experience, that the danger of ligating veins was much overrated by the profession.

*Aneurism by Anastomosis.*—A child, 11 months old, had a large, pulsating tumor, irregular in outline, somewhat flattened and of a livid color, occupying the scalp in the occipito-parietal region of the right side. After remarking upon the pathology of these growths and the various modes of treatment, the Professor transfixed the base of the growth with several long, stout needles running in different directions, underneath which a strong ligature was firmly tied around the base and then carried in various directions over the apex of the tumor, with the intention of *almost* obstructing the circulation, but not quite. Considerable depression followed the operation, reaction occurring in a few hours. In a few days the circulation was almost entirely obliterated in the superficial portion of the growth. A few points required additional transfixion with small pins enveloped with ligatures, and the large one around the base was tightened. The case was now very carefully watched, the pressure lessened at any point where sloughing threatened, and increased when the circulation increased, until after three weeks a complete cure was effected.

*Malignant Disease of a Stump of the Leg; Amputation above the Knee.*—A man, aged 45, had his leg amputated at the upper third for an injury twenty years ago. Between four and five years ago, he noticed a little hard point on the end of the stump, which *very slowly* spread, involving the surrounding tissues, and finally became the seat of ulceration and extreme pain. This had continued gradually increasing until the present time. The stump was now considerably enlarged, hard and livid. The ulcer was irregularly excavated and outlined; its surface grayish yellow, and secreting a thin, ichorous fluid, and the seat of pain so excruciating that for months the constant and free administration of anodynes had failed to secure rest. Inguinal glands not affected. The patient was extremely emaciated and feeble.

Prof. G. remarked that this disease was unquestionably malignant, at least clinically; whether it was scirrhus or epithelioma was a question, although he inclined to the opinion that it was the latter. Nothing could be done unless amputation were performed. Was it

justifiable? The nature of the disease and the general condition of the man were opposed to it; but the probability that this was more *immediately* due to *pain* than to any other cause, and the freedom of the lymphatics, rendered it very probable that there would be a great improvement, temporary at least, with freedom from suffering, if he could survive the removal of the diseased mass. The prognosis was more favorable if the disease was cancrroid in its character. Dr. Greene thought the chances were in favor of his bearing the shock, and, in accordance with the patient's urgent solicitation, amputation was performed above the knee by the circular method. The operation was well borne. He slept well that night, and under the free use of stimulants, cod-liver oil, and other concentrated articles of food, he rallied with surprising rapidity, being on his crutches again in a few days, the stump healing kindly. Under the microscope, the morbid specimen exhibited the structure pertaining to epithelioma.

*Conglomerate Glandular Tumor of the Neck.*—A young man, 28 years old, presented himself with an immense tumor of the neck, upon the right side, which he first noticed about three years before. It was now of such size that the anterior portion reached the trachea and the posterior dipped under the trapezius muscle, while it protruded proportionately upon the surface. It had become painful of late, and by pressure interfered seriously with the functions of the trachea, œsophagus and the deep vessels and nerves.

Æther being administered, the integument and superficial fascia, platysma myoides and deep cervical fascia were divided by a straight incision extending from the jaw to the clavicle. The tumor was thus uncovered, and by careful dissection removed entire. The deeper portions rested upon the cervical vertebræ. The sheath of the common carotid and internal jugular was opened during the operation, but neither of the vessels nor their accompanying nerves were injured. The growth was found to be one which Dr. J. C. Warren describes as a "conglomerate glandular tumor." The shock was very severe, as was the ensuing inflammation, and for several days his condition was very critical, but he finally made a perfect recovery.

#### MANAGEMENT OF DIABETES.

[Communicated for the Boston Medical and Surgical Journal.]

By J. O. WHITNEY, M.D.

MESSRS. EDITORS,—I would like, through the JOURNAL, to call the attention of medical men to the management of diabetes according to a little work by John M. Camplin, M.D. It is a book that all diabetics should possess for the purpose of guiding themselves in all things relating to their diet, clothing and the like matters. It likewise contains most valuable hints for the physician as to the medica-

tion of those suffering with this malady. I will relate but one case, which was under my direct observation, and no doubt there are hundreds who would receive the same amount of benefit by following the advice contained in the little work. The patient is about 33 years of age, a machinist by trade, and weighed, for five years previous to his ailment, two hundred and fifty pounds, five feet eleven inches in height, light complexion, always a great eater, and drank large quantities of water daily. He served as a volunteer in the U. S. Army a year or more; a few months subsequent to his discharge, he became diabetic. He first came under my notice in August last, then weighing only one hundred and forty-six pounds, and, according, to his own account, was using eight gallons of liquids daily, urinating the like quantity, and sweating none. The urine was highly charged with sugar, the specific gravity being one hundred and thirty-five. His medical treatment was simply advising what was obviously required, the chief medicine used being iron, in the form of tinct. ferri chloridi, and potassio-tartrate of iron. I gave him Dr. Camplin's work for his guide and governor. Immediate amendment took place, accompanied with a gain in flesh and bodily vigor, and at this time his weight is one hundred and ninety pounds. He is now feeling perfectly well, and is using about a gallon of liquids daily, the urination being in proportion, though the specific gravity was not, at the last testing, below one hundred and twenty-eight. Any variation from his diabetic diet at once increases the urine and reproduces the sweet taste to the fluids of his mouth.

In another instance, where the patient procured the work for himself, good results followed, the patient sending the most glowing account of his gain, and saying that it is the thing he has been in search of for years; that is, a guide to teach him how to live.

Dr. Camplin is himself a diabetic, and can therefore address his readers in the most emphatic manner, giving the result of years of personal experiment and observation in cases of his patients.

*Pawtucket, R. I., February 26, 1867.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

FEB. 11th.—*Croup; Death from Hæmorrhage during the Operation of Tracheotomy.*—Dr. MINOT reported the case.

The patient was a girl, 12½ years old, living in a dark and damp tenement at the end of a yard in West Cedar Street. On Wednesday, Jan. 23d, she was brought to Dr. Minot, who found the uvula and tonsils much swollen. The right tonsil was covered with lymph, and there was also a patch of lymph on the centre of the uvula. The child could only speak in a coarse whisper, and had a husky

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cough. There was no external swelling. The mother stated that on the Thursday previous (the day of the great snow storm) the child went to school, and got wet. Since then she was supposed to be suffering from a bad cold. A very unfavorable diagnosis was given, which was justified by the event. The circumstances of the family were such that the treatment could be only very imperfectly carried out. The swelling in the fauces and the lymph both greatly diminished, but the breathing grew more and more labored, with occasional paroxysms of distress. The parents refused to allow an operation until late in the evening of Tuesday, the 29th. Dr. George Derby, who then saw the patient in consultation, concurred in the opinion that an immediate operation offered the only chance for relief. On making the incision, there was considerable venous hæmorrhage, which did not cease when the trachea was opened, and the blood was sucked into the aperture along side the canula. It was impossible to discover the source of the bleeding or to control it, and the child died from asphyxia. It seems likely that some arterial branch may have been wounded when the incision into the trachea was made.

FEB. 11th.—*Two attacks of Measles within six Weeks in the same Patient.*—Dr. MINOR reported the case.

A little boy, three years old, sickened Dec. 21st. An eruption, supposed to be that of measles, appeared on the 25th. The diagnosis was, however, at first a little doubtful, as the eruption was complicated by urticaria for two days. After this time it had a perfectly normal appearance; moreover, the child had the catarrh and other general symptoms of measles. A companion, who saw him early in the disease, was attacked with measles exactly a fortnight afterwards. A sister of the first patient, four years old, and a young lady visiting in the family, also caught the disease, at intervals of a few weeks, the symptoms and appearances in each being perfectly characteristic. On Feb. 3d, after a few days' indisposition, the eruption reappeared on the first patient, and went through its course in the usual manner, being accompanied by the catarrh and other symptoms of measles. The interval between the two attacks was six weeks. Singularly enough, of the three individuals who caught the disease from this patient, two, the young lady and the little boy (her brother), had had the disease before.

MARCH 11th.—*A Case of Cancerous Disease affecting the Spleen, the Thoracic and Mesenteric Glands, &c.*—Case reported, and specimens shown, by Dr. BORLAND.

M. N., 22 years old, gardener by trade, was born in Denmark, from whence he came three months ago. His family history was good, with this one exception: his mother, having had chronic cough for a number of years, died of cancer of the breast. He was ill in November for two weeks, with pain in the lumbar region, scanty urine, and œdema of the scrotum. Jan. 1st, the same symptoms returned, together with cough and œdematous legs, and were present at the time of his entrance into the Boston City Hospital, on the 17th day of January, when his urine was found to contain an abundant lateritious sediment and some pus.

Finding no proof positive of other disease, and the record of physical signs giving "coarse, rude respiration, with prolonged expiration throughout both lungs, but more marked front and back at left

apex than elsewhere, without marked difference on percussion," I thought his trouble might be tuberculosis in an early stage, especially as his cough was urgent, and I commenced an appropriate treatment.

By Jan. 23d, diarrhœa began, which, causing much debility, required special treatment and care.

Feb. 1st.—Debility increasing; œdema decreasing; diarrhœa still somewhat persistent, with some vomiting. At this date jaundice showed itself, attended with tenderness in right hypochondrium and increased area of hepatic dulness; the dulness over the spleen in the left hypochondrium was also much increased. His treatment was now by administration of nitro-muriatic acid internally and by lotions.

From this time forward the dejections varied in number from two to six or eight per diem, of a very offensive odor, generally white, the larger portion to the eye exactly resembling pus, and occasionally containing scybala, which were also white. Under the supposition that the disease was now malignant, involving perhaps the duodenum and pancreas, so as to destroy their functional activity, the dejections were more closely watched to see if in them could be detected anything like free fat, or the so-called "stearine discharges" peculiar to disease of the pancreas. This was seen on one day only, perfectly marked, the 23d of February, when there is a record of one dejection seen of the consistency of pus, covered with flakes of white matter, closely resembling chilled fat. The jaundice also progressed steadily till the orange hue at death was exceedingly vivid.

On Feb. 10th he complained of difficulty of swallowing, which prevented the passage of anything but clear fluids, and was referred to enlarged glands at the base of the neck, just to the outside of the sterno-mastoid, as a cause.

Microscopic examination of the blood at this time showed an abnormal amount of white corpuscles in the field.

Exhausted by the progression of disease and inability to swallow, having been towards the last few days noisy and delirious, on the 6th of March he died.

*Autopsy*, thirty hours after death, made by Dr. C. W. SWAN, Pathologist to the Boston City Hospital.

Body jaundiced. Moderate rigor.

Head not examined.

Lymphatic glands. In the neck, upper part of thorax, and along the spine in the abdominal cavity, occurred large agglutinated masses of much enlarged glands. In the thorax, they embedded and adhered to the œsophagus, but the tube itself was healthy. In the abdomen, they surrounded particularly the pancreas, and so intimately that it was difficult to separate the normal-looking, but very firm pancreatic tissue from the nodular masses which seemed almost new formations in the tissue itself. A large gland occurred at the neck of the gall-bladder, and that organ which had, if any, a very narrow orifice, contained about one ounce of perfectly colorless, rather viscid mucus. The glands were firm in texture, and on section showed sometimes an uniform white, fibrous character, often a mottled or marbled appearance. Microscopically, they consisted of fibrous material, fine amorphous, or imperfectly cellular matter, and a certain number of small, slender, fibro-plastic cells.

The surfaces of the lungs and liver were studded with minute, hard, prominent yellow grains, the size of a small pin's head.

The peritoneal sac contained about two pints of clear, brownish-amber-colored serum, of a somewhat syrupy consistence; the left pleural cavity about a pint of the same, while a little occurred in the right side, and in the pericardium.

The lungs contained a small, scattered deposit of rather firm, yellowish-white masses of irregular size and shape, which at one part so encroached upon the surface as to become visible there as a broad, whitened, raised induration. Section of this part showed a softened, puriform centre—material which under the microscope looked like empty, shrivelled pus-cells; the firmer deposit seeming to be amorphous, granular matter filling the spaces in the areolæ of the yellow, elastic fibre.

Liver quite large and firm. On section, a dark nutmeg appearance. No morbid deposits.

Spleen very large and solid, about ten inches in length by five inches in width. Its surface knobbed and uneven from the presence within its rather dark parenchyma of very numerous yellowish-white deposits of irregular size and shape, though tolerably well defined. As seen through the capsule, the roundish, whitened, prominent, somewhat reddened or vascular appearance of the superficial deposits seemed like that seen in encephaloid disease of the liver. By the microscope, numerous slender, pisiform, stellate and caudate cells, generally small and resembling those belonging to new fibrous tissue, containing nuclei, round or oval, and of rather uniform size, with sometimes one or two nucleoli. The appearance, on the whole, was that of a live growth rather than of an amorphous deposit, although there was somewhat of the latter mingled with the rest. Kidneys normal.

Supra-renal capsules rather wanting in firmness, tearing more easily than usual, and having a decided purplish-red color throughout, combined with a rather soft, flabby appearance.

Large intestine, except a portion of the ascending colon, had a thickened feel. Its inner surface was everywhere raised into large nodular masses, apparently from thickening of the submucous tissue; the mucous membrane wholly or partially gone by ulcerative loss, and presenting a dirty-greenish discoloration, as from old disease.

Stomach, small intestine and urinary bladder seemed, as far as examined, healthy.

MARCH 11th.—*Ruptured Heart; Insufficiency of the Aortic Valves; Hypertrophy and Dilatation.*—Dr. SHATTUCK reported the case, which occurred under his care in the Massachusetts General Hospital.

The patient was a man 50 years of age, always in good health till four weeks before entrance on Feb. 8th, 1867. After sleeping in a cold, damp room, he woke in the morning with pain in his chest, a frequent, loose cough, with frothy expectoration streaked with blood. These symptoms continued, his nights being very bad. When first seen in Hospital, his respiration was very short, and he complained of considerable pain on taking a long breath. There was also, at times, palpitation. The first sound of the heart was loud and accentuated, and followed by a short murmur. There were no rales in the chest; decidedly diminished resonance and bronchial inspiration and expiration in right supra-spinous fossa. Resonance quite marked over the front in each side of the chest, and loud respiration under both clavicles, and even in cardiac region.

In the course of ten days there had been much improvement, and the patient had had one good night's sleep, but on Feb. 27th he had for a few days suffered greatly from paroxysms of asthmatic breathing, while sibilant and sonorous rales were heard all over the chest, but much more distinct in front. From this time the dyspnoea gradually increased till it became extreme, though at times he was able to breathe more easily; he had profuse sweats, and sometimes delirium. The record as to the sounds of the heart is as follows:—"Feb. 23d.—Diastolic murmur louder over aortic than over pulmonic valves." "Feb. 25th.—Soft, short murmur easily heard, after first sound, over carotids."

On the afternoon of March 5th he had an exceedingly severe paroxysm of dyspnoea, and, while tossing about on the bed, suddenly sprang up, threw himself back, and, after gasping for a moment, expired.

An autopsy was made by Drs. ELLIS and J. HOMANS, Jr., and its results were as follows:—

The pleura of the right lung was universally adherent to the costal pleura and to the diaphragm. In the left pleural cavity were found twenty-eight ounces of reddish straw-colored serum. No adhesions between pleuræ in left thorax. Lining membrane of the bronchial tubes was of a deep red color.

The left lung is quite œdematous in the upper lobe, less so in the lower, but more or less crepitant everywhere. The right lung is somewhat œdematous, but is most remarkable for its firmness; this characteristic is strongly marked in the upper lobe; its cut surface, besides the firmness which it presents to the eye and touch, is "marbled" by very dark ecchymosed-looking spots.

The pericardium contained three ounces of dark fluid blood. Several white patches were seen on the external surface of the heart. Nearly over the septum between the ventricles, to the right of the coronary vein, on the anterior surface of the heart and one inch and one eighth from its apex, is seen a rent, looking like an incised wound, running in a direction parallel with the septum. This rent gapes but very slightly, and attracted attention on account of the stream of dark blood which issued from it when the heart was lifted; it is five lines long, and is found to communicate freely with the cavity of the right ventricle. The heart weighs seventeen and a half ounces, and its cavities are all dilated. The lining membrane of both auricles is somewhat stained and of a dark red color. One of the aortic valves has its free edge contracted, and another is thickened by warty-looking deposits. Mitral valve is healthy. The ascending aorta is dilated. The upper two and a half inches of the thoracic aorta is much dilated, and the artery is much thickened by atheromatous deposit.

Abdomen. The cavity of the abdomen contained five ounces of reddish straw-colored serum.

Liver very firm, and of a nutmeg appearance.

Spleen very firm.

Kidneys very firm, but healthy looking.

Stomach natural, though its lining membrane was somewhat injected. The lining membrane of the small intestines was of a reddish color,



and the valvulæ conniventes extended to the termination of the ileum. Other organs healthy.

*Microscopic Examination.*--In the liver is much free fat in the form of oil globules; the liver cells are also somewhat filled with oil globules, but most of the fat seems to be free. Kidneys healthy.

### Bibliographical Notices.

*Surgical Observations, with Cases and Operations.* By J. MASON WARREN, M.D., Surgeon to the Massachusetts General Hospital, Fellow of the American Academy of Arts and Sciences, &c. 8vo., pp. 630. Boston: Ticknor & Fields. 1867.

THE regret which we have long felt that no public use was made of the collected results of hospital practice in our own city, has been most agreeably dissipated by the superb volume which is before us.

In England, Guy's Hospital led the van, and for many years was alone in its careful and full hospital reports. Latterly, the London Hospital, with its vast statistics, its common cases by thousands and its rarer ones by hundreds, has issued two elaborate volumes, which have been followed by like collections of cases from the wards of St. Bartholomew's and St. George's Hospitals. Here, on the other hand, though having now a hospital experience of half a century, all has been silent. Occasional cases and ephemeral series have afforded the only and but brief evidence of the vitality of any spirit of professional research.

It is, then, with unfeigned pleasure that we welcome this work on clinical surgery, for so it should justly be called; and even if it had a thousand defects, we should still feel grateful to its author for the public spirit he has manifested, and the pecuniary sacrifice the preparation of so elegant and costly a volume must have entailed.

Just thirty years ago, the late Dr. John C. Warren published a valuable series of observations on Tumors, with colored plates; and in that work he expressed the opinion, that an illustrated representation of all such morbid growths would be a most important addition to medical science. The lithograph, and more especially the photograph, have since made vast advances towards realizing such a hope. Some of their best results are seen in this work, which covers, in duration, the whole period of professional life of its author, up to the present day.

This volume is also the expansion of many facts and ideas shadowed forth in Dr. Warren's oration before the Massachusetts Medical Society, at their annual meeting, in 1864. It takes up in order all the regions of the body, and follows them with notes and cases illustrating surgical affections of the bloodvessels and nerves, tumors, gunshot wounds and miscellaneous cases. An historical chapter on anæsthesia closes the volume.

In so vast a diversity of subjects we can, in the limits of a review, only glance at the more salient points and remarkable cases.

An interesting table of cases of *Epilepsy treated by Trephining the*

*Skull* at the Massachusetts General Hospital (p. 15) contains 10 cases; of whom 3 were cured, 2 were relieved, and 5 died.

On page 72, we have four cases of *Cystic Tumors of the Jaw*, successfully treated by an original method. Whereas the former practice had been to remove a portion of the jaw, our author's treatment consisted in "puncturing the sac within the mouth, evacuating its contents, and at the same time obliterating the cavity by crushing in its walls; and, lastly, in keeping up, by injections, &c., a sufficient degree of irritation to favor the deposition of new bone. The comparative mildness of this mode of treatment and the excellent character of the results combine to award the preference for this operation over excision, or even the large external incision adopted by Dupuytren."

*Apparent Tumors of the Lower Jaw* following the removal of cancer of the lip (p. 86), in three instances, although firm and apparently osseous, have been found, after removal, to be cancerous, and to embrace but not to involve the bone.

Sixteen pages are devoted to *Fissures of the Palate*, and followed by a plate delineating the instruments preferred by the writer. The operations of Graefe and Roux, in Europe, were shortly succeeded by those of Dr. John C. Warren, who, "not being aware of what had been done in Europe, himself invented new instruments for it."

In 1843, our author published an account of a case of his own, treated by an original modification of the operation, consisting in—first, dissecting up the mucous membrane covering the hard palate on either side back to the alveoli, so as to form flaps; second, in relaxing the flaps by dividing the posterior pillar of the palate, sometimes the palatine muscles, and any other resisting bands. Sir William Fergusson adopted similar measures in 1844. Dr. Warren advocates leaving the sutures in for a long time, and desisting from repeated attempts to close the entire fissure through the hard palate, which can be fitted by the dentist with a vulcanite plate.

Three curious cases of *deviation of the septum of the nose* to the right side, simulating polypus, were cured by the repeated passage of bougies (p. 62).

On page 116 we have an account of a remarkable *Polypus of the Pharynx*, of large size, removed by ligature and excision. The patient was 54 years old. The tumor was fibrous, three inches long and two in circumference. It hung down into the cesophagus, and was attached to the left side of the epiglottis, low down. Ordinarily quiescent, when thrown forward into the fauces it produced strangling and nausea. It was transfixed by a curved needle, the base tied, and the mass excised with curved scissors. The ligature came away in four days.

Two cases of *fistulous openings near the coccyx, containing hair*, are reported (p. 192). Important by their novelty, they are successfully treated by laying open the fistulæ and removing the little tuft of hair, which acts as a foreign body.

In treating of *Imperforate Anus*, our author sums up in favor of the operation in many cases, and describes his mode of procedure thus:—

"The operation which promises the best results consists in freely dissecting through the tissues which intervene between the cul-de-sac of the rectum and the external surface of the body, then drawing

down and puncturing the bowel, and finally securing it by sutures to the margins of the integuments, thus forming a canal with a continuous mucous lining, instead of a long, fistulous passage."

In the chapter on *Stone in the Bladder* (p. 204), our author says that by the introduction of lithotrity and of ether, the operation for stone has undergone a very great amelioration. Having had the unusual advantage of early tuition from Heurteloup and Civiale, he pursued the practice of lithotrity for thirty years without losing a single life. Latterly he has lost two cases. He advises *lithotomy* in children; in cases of large and hard stones, and in organic changes of the bladder and prostate. In lithotomy he prefers a modification of the median operation, cutting down on the membranous urethra in the median line, and then partly cutting bi-laterally and partly dilating the prostate. The success of *lithotrity* he considers to depend on injecting the bladder moderately with water, using an instrument of moderate size, and, finally, not moving the instrument about too freely.

The author has performed a modified operation of his own for *varicocele* in sixty cases, some very large and obstinate, with success. It consists in dissecting out the large veins and tying them with a strong ligature above and below. The included mass sloughs away in from ten to fourteen days, and a good result has always followed. He has never seen a *varicocele* on the right side.

A remarkable case of *Hypertrophy of the Cervix Uteri*, projecting beyond the external organs, was cured by operative removal. This disease corresponded to those described by Huguier, and the caution to be observed in operating is that the bladder is dragged down on the tumor in front, and is endangered by too high division.

Two unusual cases—one of congenital absence of the vagina and uterus, and one of hermaphroditism—are also given in this chapter.

In the chapter on *Dislocations*, some original observations will be found on dislocation of the head of the humerus, conjoined with fracture of the edge of the glenoid cavity of the scapula. The view of the author is that where the humerus is displaced by a direct blow on the shoulder, the dislocation is often retained with difficulty after reduction, and that, in these cases, we may suspect fracture of the socket, and treat them, after reduction, by Fox's apparatus for fractured clavicle.

A most interesting case of the "*Appearance of a Dislocation of the Hip-joint after nearly forty years*," with a plate illustrating the formation of a new socket, is given on page 372.

*Injuries of the Coccyx*, obscure, and rarely resulting in perfect recovery, are treated at some length.

The advantages of *immediate amputation* are strongly urged, on the ground that ether is a powerful stimulant and modifies shock. Case 242 is such an example, being an immediate double amputation—successful for two weeks.

We may remark that we have seen several patients in a state of shock, who were operated on under ether, die on the table. Such results have determined us never to run similar risks until reaction has fairly begun, unless the patient be losing ground by uncontrollable hæmorrhage.

We have, on page 402, a successful pathological *amputation* at the

*hip-joint.* The femoral was tied first, the aorta compressed, and skin flaps raised.

We find, also, a table of 539 amputations from the Records of the Massachusetts General Hospital, the average mortality of all being 25 per cent.; of the thigh, 27 per cent.; of the shoulder, 36 per cent.; of the hip, 50 per cent.

Among the more unusual cases reported in this work is that numbered 261, being a "*Ligature of both Carotid Arteries for a remarkable Erectile Tumor of the Mouth, Face and Neck.*" In this the face was discolored for a space of seven inches in diameter, while the lower lip was much enlarged and everted. By compression, the blood could be entirely expelled from the lip, and in the same manner from the tongue, which latter was covered with fungoid granulations and enlarged to twice its normal size. The plate accompanying gives a vivid idea of this enormous erectile mass.

The case was considered a very critical one, and subject to two dangers—first, degeneration and ulceration of the lip; second, alarming hæmorrhage, which must prove rapidly fatal.

To relieve the malformation and these prospective dangers, the bold course was decided on of tying, at an interval, *both* carotid arteries. On Oct. 5th, the *left* carotid was tied. In ten days the tumor was paler and smaller. He remained in perfect health.

November 7th, the *right* carotid was tied. No inconvenience but faintness followed. He was kept quiet and in a horizontal position. In ten days he was able to go down stairs. The face was pale, but remained thickened. Final operations were performed by lacerating the erectile tissue, and by excising a portion of the lip. On Dec. 12th he went home, well. Another plate of his appearance at this time follows.

Three years later, there was no pulsation in the temporal or labial arteries. The functions of the brain were undisturbed.

On page 425, accompanied by a lithograph, is the history of a most remarkable recovery from large *Subclavian Aneurism, treated by compression and other means.* The circumference of the tumor was seven and a half inches. No operation was admissible. Compression by weights was moderately applied for six weeks. The patient finally went to the hospital at Rainsford Island, when the tumor suppurated, and, strange to say, he recovered.

Under the head of *Tumors*, we have a table of the results of 154 removals of cancer with the knife. These are drawn both from the private and the hospital practice of the author, and furnish a most valuable *résumé* of immediate and ultimate results. He does not hesitate to advocate the removal of cancer by the knife as being sometimes, though rarely, followed by entire exemption from the disease.

Our space limits us from following out farther this rich repertory of clinical cases. The illustrations are of remarkable excellence, and are lithographed by Bufford. Particularly would we instance that one representing tumors of the *os frontis* containing air, and the frontispiece.

Few who take up this volume but would be tempted to believe that its sheets had been sent to England to be printed; such is not the fact: and as a specimen of native talent and execution, it reflects great credit upon its publishers. It is incomparably the most elegant medical book ever issued from an American press.

VOL. LXXVI.—No. 14A

Would that its rich record of cases, and the painstaking use of the large range of surgical experience which its author has enjoyed, might stimulate many others among us to go and do likewise.

*Practical Dissections.* By RICHARD M. HODGES, M.D. Second Edition, thoroughly revised. Philadelphia: Henry C. Lea. 1867.

THIS manual is so well known that our duty is completed in announcing the second edition, and quoting the author's note prefixed to it, as follows:—

"In revising the following pages no alterations have been made, other than those which experience in their use has suggested. It has been the author's endeavor to make the descriptions as clear and concise as possible, rather than to add to their details; and to render the volume, in all respects, more deserving of the favor it has received. The few pages on Anatomical Landmarks were suggested by, and to a small extent taken from, an article by Mr. Luther Holden, contained in the second volume of the 'Reports of St. Bartholomew's Hospital.'"

"*Why Not? A Book for every Woman.*" *The Prize Essay to which the American Medical Association awarded the Gold Medal for 1865.* By HORATIO ROBINSON STORER, M.D., of Boston, Surgeon to the Franciscan Hospital for Women, Professor of Obstetrics and the Diseases of Women in the Berkshire Medical College, &c. &c. Second Edition. Boston: Lee & Shepard. 1867.

WITHOUT endorsing everything within the covers of this book, we repeat the commendation of it proffered by this JOURNAL last year, when the first edition appeared. An additional Preface is prefixed to the present edition.

*Obstetrics: The Science and the Art.* By CHARLES D. MEIGS, M.D., &c. &c. Fifth Edition, revised. Philadelphia: Henry C. Lea. 1867.

PREVIOUS editions of this standard work having been noticed in the JOURNAL, we limit ourselves now to the quotation of the concluding paragraph of the Preface:—

"As this is probably the last occasion I shall have to endeavor to make the book better for instruction than ever it was before, so have I felt constrained to carefully revise every one of its paragraphs, that I might leave it in a condition more worthy to be offered to my brethren, whose obedient and respectful servant I am and hope to be until the end of my life."

*On the Action of Medicines in the System.* By FREDERICK WILLIAM HEADLAND, M.D., B.A., F.L.S., &c. &c. Philadelphia: Lindsay & Blakiston. 1867.

WE have received a copy of the "Fifth American from the Fourth London Edition, Revised and Enlarged." This valuable book has already been noticed in this JOURNAL, and the present edition needs only the above mention.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, MAY 9, 1867.
 

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## CONSUMPTION IN MASSACHUSETTS.

DR. GEORGE DERBY, the successor of Dr. A. A. Gould as Editor of the Registration Report of Massachusetts, has distributed, in advance of the publication of that document for the present year, a very important extract from its statistics. Struck by the extreme variation in the number of deaths from consumption in the different towns of the State, he conceived the idea of bringing all of them, under their County arrangement, into a table which shows the population in the year 1860, the deaths from all causes during ten years ending with 1865, the deaths from consumption during the same period, the percentage of deaths by this disease to deaths from all causes in ten years, the average number of persons living each year to one death by consumption, and the rank of each town in the order of mortality. Extra sheets containing this table have been distributed very widely to professional men, and the statistics are probably already in the hands of many of our readers.

We think Dr. Derby has done a most excellent thing in thus presenting to the community the very remarkable facts which his tables display. He has taken the first step, we firmly believe, in the direction which will lead the medical profession into much greater light than we now have with regard to the great destroyer of human life in New England. No one can look over these statistics without being astonished at the results which they offer. They show that consumption is very unequally distributed over the State, and, so far as appears, without any known law for this distribution. Adjoining towns in the same county, and others only a few miles distant from each other, with a population engaged in similar pursuits, are seen to occupy the most opposite extremes in the order of mortality. In order to exhibit this difference in the most striking manner, Dr. Derby has prepared a table of two columns, each containing twenty-five towns, the first of towns having the least mortality, the second of those having the greatest mortality from consumption. In the towns of the first list, "containing 67,289 inhabitants, there were in ten years, 1,389 deaths from consumption. In the second, of towns containing 100,741 inhabitants, there were in ten years 4,812 deaths from consumption. In the first list one death occurred annually to 487 persons living. In the second list, one death annually to 209 persons living."

Considering, as we do, that Dr. Bowditch has demonstrated that soil moisture has a great deal to do with the development of phthisis in New England, it would yet appear, from Dr. Derby's statistics, that there are other very powerful causes at work. Professional inquiry must be greatly stimulated, then, to discover, if possible, what these are. A simple statement of such or such a percentage of deaths from consumption in a given town is not enough. Have these deaths occurred from hereditary tendency? Do the facts connected with them furnish any evidence of the direct communicability of the disease? What is the apparent

influence of sex or age? Has occupation or habit had anything to do with it? Have special meteorological influences appeared to have any power as causes? All of these questions and many others are deserving of the most careful study by our professional brethren in their own immediate neighborhood, in this relation.

The general subject is one well worthy of the attention of the Massachusetts Medical Society; and it would do well, in our estimation, to refer it to a committee at the next annual meeting. We cannot doubt that much valuable information would result from such an investigation. From Dr. Derby's action an important practical result would seem to follow already, viz., that physicians can point out to their patients with phthisical tendencies those towns in our Commonwealth where they will be least likely to fall victims to the impending disease, or where those already affected may have the best chance of prolonging life. To a large part of our population this will be a valuable piece of information; for it is within the experience of every physician that he has been compelled to see many a sufferer, of limited pecuniary resources, wasting away for the want of means to defray the expense of a journey to a warmer latitude, where life might have been much prolonged, if not saved. If there are towns within our own borders approximating the immunity of some of the southern resorts for consumptives, the fact will be an inestimable blessing to many in every community. Dr. Bowditch has done something already in this direction; followed out in the line suggested by Dr. Derby, the inquiry promises to lead to the most valuable results.

*The Ether Monument.*—The *Medical and Surgical Reporter* publishes an account of the ether monument about to be erected in the Public Garden in Boston, and says:—"The probability is, we fear, that the above monument will perpetuate a lie, by attributing to Morton a discovery which, by all the principles of right and justice, belongs to Wells of Hartford."

On the principle that no one should be judged to be guilty before he is proved to be, the *Reporter* might, to say the least, have been a little less opprobrious in the use of terms in the above paragraph, especially in speaking of a subject which to the writer was one of mere conjecture. The fact happens to be, that no man's name is to be associated directly with the monument in question, which is intended to be merely commemorative of the great discovery of anæsthesia by inhalation as a means of diminishing human suffering—a sort of votive offering, if you please, to the Supreme Source of all good.

*Effects of Alcohol on the Human System.*—The *Medical and Surgical Reporter* publishes an abstract of the recent testimony of physicians and chemists before the Committee of the Massachusetts Legislature on the license question, and adds, that it "seems to have been collected by some one in the interest of the rumsellers. We doubt very much whether a fair expression of the opinions of these gentlemen is given"(!)

*Local Anæsthesia in Veterinary Surgery.*—Professor Tuson recently stated that he had seen the process of local anæsthesia employed with complete success in the operation of firing. He has seen as many as forty lines cut in the leg of a

horse with the actual cautery, without any indication of pain. He believed that in veterinary surgery local anæsthesia was not only a means of preventing pain, but an economy to the operator.

*Criminal Abortion.*—The following act was passed at the January session, 1867, of the General Assembly of Rhode Island. It remains to be seen whether juries will be firm and pure enough to convict under such stringent statutes. We very much fear the case will be like that of trials for breach of the prohibitory liquor law in other States.

“AN ACT in addition to and in amendment of chapter 216 of the revised statutes ‘of offences against chastity, morality, and decency.’

“It is enacted by the General Assembly as follows :

“SEC. 1. Every person who shall be convicted of wilfully administering to any pregnant woman, or to any woman supposed by such person to be pregnant, or of advising or prescribing for such woman, or causing to be taken by her anything whatever, or shall employ any means whatever, with intent thereby to procure the miscarriage of such woman, or of aiding or assisting therein, or by counselling and procuring the same, unless the same is necessary to preserve her life, shall, if the woman die in consequence thereof, be imprisoned not exceeding twenty years nor less than five years; and if she do not die in consequence thereof, shall be imprisoned not exceeding seven years nor less than one year: *Provided*, that the woman whose miscarriage shall have been caused or attempted, shall not be liable to the penalties prescribed by this section.

“SEC. 2. Any person who shall be indicted for the murder of any infant child, or of any pregnant woman, or of any woman supposed by such person to be or to have been pregnant, may also be charged in the same indictment with any or all of the offences mentioned in the preceding section, and if upon the trial the jury shall acquit such person on the charge of murder, and find him guilty of the other offences, or either of them, judgment and sentence may be awarded against him accordingly.

“SEC. 3. Whoever knowingly advertises, prints, publishes, distributes, or circulates, or knowingly causes to be advertised, printed, published, distributed, or circulated, any pamphlet, printed paper, book, newspaper notice, advertisement, or reference, containing words or language giving any notice, hint, or reference to any person, or to the name of any person, real or fictitious, from whom, or to any place, house, shop, or office, where anything whatever, or any instrument or means whatever, or any advice, direction, information, or knowledge may be obtained for the purpose of causing or procuring the miscarriage of any pregnant woman, shall be imprisoned not exceeding three years.

“SEC. 4. All acts and parts of act inconsistent herewith are hereby repealed: *provided, however*, that nothing in this act contained shall in anywise affect any complaint or indictment now pending, or that may hereafter be made or found for any offence committed before the passage of this act, against the provisions, or any of them, of an act in addition to chapter 212, title XXX., of the revised statutes, ‘of offences against the person’ passed at the January session, 1861.

“SEC. 5. This act shall take effect on and after its passage.

“A true copy: attest, JOHN R. BARTLETT, Secretary of State.”

*Pubic Version in Utero—the Woman placed on her Knees and Chest.*—In an article, published in the *Medical Record*, August 15, 1866, I remarked that pubic version, in my opinion, could be performed much easier were the woman placed on her knees and chest than by the usual method. I do not refer now to the operation by external manipulation, but only to one where the hand is required to be introduced into the uterine cavity.

Since the publication of that article I have attended three cases of confine-



ment, wherein pubic version was required, and could not be performed by external manipulation in consequence of the bodies of the children being impacted, and have done the operation according to the above plan with eminent success.

CASE I.—Was a Mrs. N., 28 years of age, in her fourth confinement. When I reached her bedside, I ascertained that she had been in labor several hours, and that her pains had been very strong. I examined her, and found the umbilical cord presenting, prolapsed about twelve inches, cold and feebly pulsating; also the body of the child lying transversely, considerably impacted. I placed the woman in the position above described; administered chloroform; returned the cord by Dr. T. G. Thomas's method, and without withdrawing my hand, or changing the woman's position, seized the foot, and turned and delivered the child in a few moments' time, successfully, alive and uninjured.

CASE II.—A Mrs. D., aged 35, in her eighth confinement. This case was similar to that of Mrs. N., excepting the funis was not prolapsed; the side of the child presenting. I arranged her in the same position, and operated in the same manner, without administering chloroform, with like success. Anæsthesia was not resorted to, in consequence of her preference to suffer.

CASE III.—A Mrs. B., in her fifth confinement, aged 30. In this case the shoulder was presenting, and so impacted that it was difficult to distinguish it from a breech presentation. On being satisfied that it was not breech, I placed her in the position required by the method, administered chloroform, and performed the operation with the same success as in other cases. Mother and child doing well as the above.

The position of the women in these three instances, I am thoroughly convinced, rendered operations very easy which otherwise would have been very difficult.

The advantages gained over the usual method by thus operating are obvious to any practical obstetrician.

The first is, the relaxation of vaginal sphincter and walls; the second, the gravitation of uterine contents, relieving impaction; the third, the retaining of the amniotic fluid during the operation; the fourth, the hand and arm may be introduced into the uterine cavity more nearly in a line of the axis of the superior strait, the cervix and perinæum being yielding.—ALEX. HADDEN, M.D., in *Medical Record*.

*Nitrous Oxide as an Anæsthetic.*—Great attention has lately been attracted by a new anæsthetic agent, which is, however, by no means a new substance, so far as our chemical and physiological knowledge is concerned. I allude to the protoxide of nitrogen, which, according to some authorities, is less dangerous and better adapted to produce insensibility than any other preparation hitherto employed. The contrary opinion has been expressed by several distinguished physiologists. In a letter addressed to M. Chevreul, Professor Hermann states, as the result of his personal experiments, that the inhalation of the protoxide of nitrogen produces a state of dyspnoea, which, although seen by the assistants, remains unperceived by the patient himself on account of the anæsthesia which accompanies it. On the whole, the sensation is not unpleasant, but the inhalation of unmixed protoxide of nitrogen is excessively dangerous, and rapidly produces asphyxia. When mixed with oxygen the danger is avoided, but the anæsthetic effects are considerably diminished. Such are the views of the Professor, who certainly deserves that degree of credit which can never be refused to those who have tried similar experiments upon themselves.

Another physiologist, Dr. Krishaber, of Paris, entirely coincides in opinion with the Professor. He states that the protoxide of nitrogen, when pure, invariably produces death within a very short period of time, and that it cannot be safely employed in operations which last more than four minutes. Its mode of action is capricious, and certain patients appear to sink unexpectedly under a species of intoxication without exhibiting those symptoms of asphyxia which, in most cases, precede death. In short, this new anæsthetic is a most dangerous one, in Dr. Krishaber's opinion, on account of its irregularity, and it cannot be rationally expected to supersede chloroform.—*London Med. Times & Gazette*.

*The Cholera in Liverpool.*—Dr. Trench has just made public an elaborate report on the health of Liverpool during the year 1866. Its details as to the cholera epidemic are of the highest interest. As will be recollected, cholera first appeared in the port of Liverpool on board certain emigrant ships which had been obliged by the disease to turn back; but it did not then extend to the city. The explosion of the epidemic is curiously connected with the debauchery of an Irish wake on a person who had probably died of cholera; and from this centre the disease seems to have spread by direct contagion, which the state of the courts in the neighborhood was but too well suited to increase. In this outbreak nothing can be clearer, from Dr. Trench's report, than the influence of direct contagion from the dejecta of the diseased. This is seen in the prevalence of cholera in those neighborhoods where sanitary arrangements were most deficient and privies were common to several dwellings. The influence of water is remarkable by its absence, but this only shows that the spread of cholera may be brought about by more than one agency. Dr. Trench insists on the necessity of direct contact with the sick or their excreta for the propagation of the disease, and points out that even where the character of the poison has become altered by fermentation, there, except individuals live in almost constant and direct contact with the effluvia, they usually escape its effects. Mere visitors invariably escaped. As Dr. Trench very properly remarks, because one theory of cholera causation by impure water has been brought forward and successfully illustrated, that is no reason for concluding impure water to be the only means of spreading the disease, and overlooking every other. The practical corollary from the whole bearing of Dr. Trench's valuable report is the importance of overlooking no source of infection, and of guarding against all as far as is possible.—*London Medical Times and Gazette.*

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*Cholera Prize of Twenty Thousand Dollars.*—One hundred and ten works were sent this year to the Imperial Academy of Sciences of France for competition. The report is highly interesting, and gives a good idea as to the manner in which cholera has been studied. The full prize was not awarded; but various amounts have been granted to Messrs. Legros and Goujon for their experimental researches; to M. Thiersch for his experiments on 104 mice with choleraic dejections; to M. Baudrimont for his atmospheric researches bearing upon cholera; to M. Worms for his essay on prophylactic measures; and to Dr. Lindsay, of Edinburgh, for his experiments on the transmission of cholera by the clothes.—*Medical News and Library.*

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*Trichinosis.*—A committee appointed by the Medical Society of Vienna, and composed of Professors Klob, Muller and Wedl, has just published a long report on trichinosis, in which the startling fact is asserted that the real source of infection lies entirely in the rat, in which the malady is spontaneously developed, and which communicates it to the pig. In Moravia, eighteen out of forty-nine rats examined were trichinized, a proportion of nearly thirty-seven per cent. In Lower Austria the proportion was not more than four per cent., and in the environs of Vienna about ten per cent. The report confirms the fact that trichinosis may be transmitted by food, from the rat to the rabbit, from the rabbit to the fox and hedgehog, from the rat to the pig, and from the pig to the rat. Even the calf may be infected by being fed with the flesh of the trichinized rabbit. What is worse still, the larvæ of flies feeding on infected meat will transmit trichinosis to rabbits, provided the larvæ come fresh from the infected substance; for if a certain time be allowed to pass, the trichines soon die in the digestive tube of the larvæ. It is important to notice that the report distinctly confirms the innocuousness of trichinized meat when thoroughly salted, smoked, or boiled, the latter process being by far the most efficacious. Meat roasted for three quarters of an hour is safe food; boiling requires a whole hour.

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At the close of the session of the New Orleans School of Medicine on the 15th March, the degree of Doctor of Medicine was conferred on 26 candidates.

**Mormon Women.**—Dr. Robertz Bartholow, in a lecture on Mormonism, delivered before the Academy of Medicine in Cincinnati, thus speaks of Mormon women :—

I was informed by merchants, long residents of Salt Lake City, who had unusual opportunities for learning the facts, that the American females amongst the Mormons are, chiefly, prostitutes from our Eastern cities. The favorite wife of Brigham Young, Jr., is a well-known courtesan from the city of St. Louis. The great body of Mormon women are rough field laborers, who have nothing refined or womanly about them. There are, of course, exceptional instances in the case of the daughters of the more wealthy saints grown up since 1846, who have been more tenderly nurtured, and have acquired at least some of the external graces. It is not possible for the women of Utah to attain a better position. All of their associations are of the lowest. Education is discouraged, ridiculed and denounced by the Prophets. The women lead a purely animal life. In the households of their lords, when not engaged in menial offices in the shops or fields, they occupy themselves with dreadful contentions.

The household of a Mormon saint is not that peaceful, patriarchal institution which has been so frequently described. Between the favorite wife or wives and the offcast wives there is war to the knife. Serious difficulties have again and again occurred in the harem of Brigham, which required all the authority of the Prophet to arrest. When the household of the Prophet is dressed up and on its good behavior, for the reception of strangers across the mountains, these horrid creases are smoothed out and everything colored of the rose.

**St. Joseph's Hospital, Philadelphia.**—This hospital, which was established in 1849, treated 4281 patients up to the close of 1866, of whom 1773 were free patients. The expenditures of the past year were \$5,890.79 in excess of the receipts. The late Mason Hutchins, of this city, has bequeathed his entire estate, valued at \$100,000, to this hospital, which will have the effect of adding materially to its means of usefulness.—*Medical and Surgical Reporter.*

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 4th, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	50	40	90
Ave. mortality of corresponding weeks for ten years, 1856—1866	41.4	38.6	80.0
Average corrected to increased population	00	00	87.09
Deaths of persons above 90	1	1	2

**MARRIED.**—In this city, 30th ult., Dr. Robert T. Edes, of Hingham, to Elizabeth T. Clarke, of this city.

**DIED.**—In this city, April 30th, Dr. George Bates, aged 84 years.—In Charlestown, May 4th, Dr. Augustus Whiting, aged 75 years.

**DEATHS IN BOSTON** for the week ending Saturday noon, May 4th, 90. Males, 50—Females, 40. Abscess, 1—accident, 1—anæmia, 1—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 5—cholera morbus, 1—consumption, 22—convulsions, 3—croup, 1—cystitis, 1—debility, 5—diarrhœa, 1—dropsy, 2—dropsy of the brain, 2—drowned, 1—scarlet fever, 2—typhoid fever, 2—gangrene, 2—disease of the heart, 3—disease of the kidneys, 2—inflammation of the knee, 1—disease of the liver, 1—inflammation of the lungs, 1—marasmus, 2—measles, 1—old age, 3—premature birth, 3—puerperal disease, 3—smallpox, 5—teething, 1—unknown, 3—whooping cough, 2—rupture of the womb, 1.

Under 5 years of age, 31—between 5 and 20 years, 2—between 20 and 40 years, 23—between 40 and 60 years, 11—above 60 years, 12. Born in the United States, 56—Ireland, 22—other places, 12.

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Feb. 28

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May 2

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Apr. 25-11.

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EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2046.] Thursday, May 16, 1867. [Vol. LXXVI. No. 15.

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Assafœtida,	4	Lactate of Iron,	1	
Aloes and Assafœtida,	4	Sulphate of Quinine,	1	
Dinner, Lady Webster's,	3	" "	2	
Compound Cal. Plummer's,	3	Valerianate of Quinine,	1	
" " "	1½	" of Zinc,	1	
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Compound Colocynth,	3	Extract of Gentian,	2	
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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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UNUNITED FRACTURE SUCCESSFULLY TREATED, WITH REMARKS  
ON THE OPERATION.

By HENRY J. BIGELOW, M.D., Professor of Surgery in the Medical School of Harvard University.

ABSTRACTS FROM DR. BIGELOW'S CLINICAL LECTURES ON THE SUBJECT,  
WITH CASES.

[Reported for the Journal by RICHARD H. DERBY.]

THE following paper gives the details of eleven consecutive cases of ununited fracture, successfully treated, with the exception of one, in which the bone was diseased. Such continued success justifies the belief that this operation will effect the desired object with more uniform certainty than any other method now in use.

Having failed, in a number of cases, to effect by rest, compression, blisters, seton, drilling, excision of bone, dovetailing, &c., a union of ununited fracture of the humerus, and having in mind the experiments of Ollier\* for the production of bone from periosteum, I determined, when the opportunity presented, to avail myself of the osteoplastic function of this membrane. In trying the experiment for the first time (Feb. 14th, 1860), I was not aware that any previous attempt had been made to produce bony union of ununited fractures by preserving the periosteum for that purpose; but in the ensuing spring, at the time of the successful issue of the case alluded to, I happened to meet with a paper recently published upon this subject, a superficial perusal of which seemed to show that its author had covered the ground, at least of novelty, in the method. The pamphlet was mislaid, and I thought no more of the matter, but had not infrequent occasion to repeat the operation, with successful result, and annually referred to the subject in my lectures before the class of Harvard University. A report of this method was also published† incidentally in connection with the testimony of the writer in a suit for malpractice, and afterwards alluded to in the *London Medical Times and Gazette*,‡ in which I stated that my own operation had

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\* Gazette Médicale, 1859, Nos. xiv. and xv.

† Boston Medical and Surgical Journal, vol. lxi. p. 218.

‡ February 6, 1864.

been anticipated abroad. Within a few weeks, however, my attention was directed, by my able house-surgeon, Mr. R. H. Derby, to the following paragraph in Holmes's System of Surgery :\*—

"Jordan ascribes the failure of resection to the removal of the periosteum. He, therefore, by means of some blunt instrument, as the handle of a scalpel, dissects this membrane from the portions of bone which he is about to remove, and leaves the two empty pouches passed one within the other, and, in some cases, connected by suture, to form new bone. The suggestion is undoubtedly theoretically sound. Its practical value, however, remains to be proved. In two of the three cases which Jordan records, it failed of success; and he admits its failure in the hands of M. Sedillot."

Upon again examining more carefully the original paper of Mr. Jordan,† I find that his method differs so essentially from my own as to explain both the failure of two out of three cases cited by him, and the almost uniform success of the cases reported in this paper. Briefly, in the method of Mr. Jordan, no means are taken to secure the perfect and permanent coaptation of the bones—a measure which underlies the success of the whole proceeding—if we except a suture of the periosteum, which is wholly inadequate to that object, and which must also give way in a short time. This omission alone is fatal to any considerable success in the operation.

2. The muscle is detached from the periosteum,‡ and the periosteum then pounded to detach it from the bone; measures both tending materially to devitalize the tissue upon which success most depends.

3. Mr. Jordan believes that suppuration hinders bony union, and therefore ingeniously modifies the whole operation for the purpose of preventing a suppuration which is in reality inevitable, and which must therefore be met and provided for, controlled and directed, and which does not prevent the desired result.

Finally, it may be added that an oblique section of the already tapered bone, as recommended by him, and especially the *rabbit*,§ is not to be advised, as it tends to denude and devitalize the protruding extremities; while an apparatus of plaster is hardly sufficient to ensure subsequent immobility, and one of gutta percha, by confining transpiration, is irritating to the skin.

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#### ABSTRACT FROM DR. BIGELOW'S SURGICAL LECTURES AT THE MASSACHUSETTS MEDICAL COLLEGE.

The chief cause of ununited fracture is undoubtedly the severity of the local injury, although perhaps the constitution of the patient or an obliteration of the osseous artery may, in a few cases, have to do

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\* Vol. i. p. 804.

† *Traitement des Pseudarthroses par l'Autoplastie Periostique.* Par Joseph Jordan, F.R.C.S., Chirurgien en chef de l'hôpital de Manchester. Paris, 1860.

‡ See Plate III.

§ An interlocking, called also in carpentry *rebate*.

with it. It occurs in an arm which has been run over, or after accidents from machinery, which bruise and devitalize the part. The obstinacy and persistence of this lesion under treatment are well known, and have arrested the attention of surgeons, who have devised many expedients, though often unsuccessfully, for its relief. The present operation must be deemed a successful one. \* \* \*

*Operation.*—The extremities of the false joint are to be attacked where they approach nearest to the surface, unless vascular or nervous trunks are in the way; in the arm, in all the cases I have seen, upon the outside; a free incision being contrived in each case with especial reference to the free exit of pus. In the arm, the musculospiral nerve, which is often displaced and tied by the lymph, is to be carefully looked for and avoided, and were it not for the care here requisite the bone might be exposed by a single incision. The principal bony extremities being found, the interval, which is sometimes quite irregular and interlocked, is gradually divided, and the ends turned out, the dissection being materially aided by an assistant who powerfully flexes the false joint. As it yields, care is taken to prevent the muscles from being stripped from the periosteum, which they adhere to and aid in nourishing. When one extremity is fairly exposed, a crucial or other regular incision is to be made in the ragged callus which overlies the periosteum at its tip, which should be then seized by strong-toothed forceps and efforts made to tear it out of the rugous inequalities of the formerly inflamed bone. After a little delay and dissection, the flaps begin to yield; with some coaxing, the terminal adhesions are detached, and the sound bony shaft is reached, where the periosteum is only too easily stripped from the bone, requiring great care lest the shaft should be denuded higher than the intended section. The soft tissues being now protected by spatulæ, or flexible strips of copper, the end of the shaft is removed by a common saw, the length of this fragment being determined by the amount of periosteum it has been necessary to detach. A half an inch of good cylindrical periosteum, with half an inch more of ragged tissue hanging at its extremity, has usually covered from three quarters to an inch and a half of bone. Perhaps half an inch of sound shaft, with an irregular or conical extremity varying in extent, is a good rule for the excised piece in most cases. The other extremity is now to be turned out and treated in the same same way, and this terminates the dissection, leaving only the wire to be inserted. For this purpose holes are bored in each extremity with a good bone drill, larger than the wire, at a little more than half an inch from the end, and through one wall only. A pure silver or plated copper wire is inserted from without inward in one end, and inversely entered in the medulla from within outward in the other; the size of the wire ordinarily used is No. 10 of Stubbs's iron wire gauge. The ends are brought together accurately, and the wire twisted long enough to protrude at the ex-

ternal wound. The incision is then brought together by sutures, leaving an abundant exit for pus, and the apparatus is applied.

*Apparatus.*—The best apparatus for the humerus I have found, on the whole, to consist of a firm concave splint of iron and leather, made to fit the top and outside of the shoulder as low as the axilla, and thence horizontally to the neck, and secured by a strap around the opposite axilla; a similar gutter to receive the elbow and forearm flexed at a right angle; and the two united by a narrow iron strap on the back, and another on the front of the humerus, adjustable as to its length. The splint can be thus shortened when in place, so as to keep the extremities of the bone in contact, and nearly immovable, in spite of the great leverage of the arm upon the wire, while the dressings can be readily applied in the open interval, without disturbing the apparatus.

For the thigh, a pasteboard splint may be moulded to the anterior aspect of the thigh and leg, and then stiffened with dextrine, an interval for the wound being left. The whole limb is then secured to this by bandage; and surmounting the whole, a Smith's anterior splint is applied, by which the leg is suspended from a railway on a framework over the bed.

I have usually employed water-dressings at first, and poultices or oakum to absorb the discharge afterwards. The patient has remained in bed for several weeks, and in fact till some stiffening has taken place, after which fresh air has been enjoined as an invigorating and osteoplastic agent. The diet has been as generous as the appetite would bear, and the phosphates have been generally administered, upon the principle of giving egg shells to hens.

The wire has remained in place until the bone was firmly united, generally during several months, and there has been in no case evidence of any ill effects from its presence, either in producing necrosis or undue inflammation. In fact, it has, in some cases, remained quietly in place after the arm was in use, and before the patient returned for its removal. In Case II. the wire remained for two years.

To remove the wire, the loop is best divided with cutting pliers, and forcibly drawn out; hence an advantage in flexible wire. This loop is sometimes quite superficial, but in other cases is so deep as to require an incision to reach it.

It may be remarked that a partial stiffening, dependent on the inflammation of the soft parts, may take place in a few weeks, but the bone afterwards becomes gradually loose if the periosteum fails to do its duty.

The one great point to be observed in treatment is the prevention of abscess, or, in other words, the early and free evacuation of imprisoned pus, by large and dependent incisions, which here as elsewhere are incomparably less injurious to the tissues than the burrowing of pus. Again, the formation of an abscess is always attended

with fever, which destroys appetite and weakens the patient. Hence especial care is needed to detect any inflammatory induration supervening after suppuration has begun, and the first decided pointing should be the sign for an opening, to be explored by the finger, and enlarged inside or outside accordingly. I need not say that it is, in general, cruel to use the knife without an anæsthetic, but here the careful exploration and the tearing of the adjoining sinuses with the finger, if adequately done, absolutely demands it, for the comfort of both surgeon and patient. After a long experience, I have never seen a patient, unless already moribund, really worse for ether, and I have often seen a weak person prostrated by the excitement and suffering of an operation, when it was withheld by the timidity or haste of the surgeon. As for freezing, it is sometimes more convenient for short and superficial incisions, and in private practice, but when its novelty is gone it will yield in other cases to general anæsthesia.

In operating upon the humerus, the musculo-spiral nerve demands especial consideration. Winding around the outside of the arm near the usual place of incision, it is sometimes difficult to avoid it, especially when displaced by the deformity, and tied into an indurated mass of lymph. I have twice accidentally divided it, in spite of more than ordinary care; once completely, and once leaving only a single fibre at one side. In one case, an operation had been undertaken one month only after a previous one, while the arm was still inflamed. It was on that account absolutely impossible to keep the wound dry, and after a protracted dissection the knife was at last used beneath the blood; the nerve was imprisoned and concealed in a deep groove in the new bone, and was divided in separating the bones. On this ground, I should not advise a second operation until the traces of active inflammation from a previous one had disappeared. In this instance the neurilemma was re-united by a small suture. In both cases, the power of the paralyzed extensors ultimately returned, completely and unequivocally. In another case, now under treatment, partial paralysis ensued after the operation, but the nerve had been nowhere seen, and could hardly have been divided. On the other hand, the fragments were so short that a powerful and continued effort had been required to make their ends protrude, jamming the muscles in their interval, and very likely thus injuring the nerve. The fingers are now regaining their motion. In the same case, which was one of gun-shot wound, the operation twice failed, there being still some necrosis about the bone, of which the lower fragment was enlarged to at least double its diameter. In a future case, I should consider that necrosis contraindicated the operation, if there were any good chance of getting rid of it by time or interference.

The case most favorable for operation is undoubtedly that of a healthy subject, where the bony extremities are of natural size. In a case of long standing, atrophy tapers the bones, which need in



consequence longer excision. Other things being equal, it is better not to wait unnecessarily.

The only case I have encountered of ultimate failure, was one of extreme softening of the bone by interstitial absorption, a condition which was not ameliorated by invigorating measures, including the free and protracted use of the phosphates.

#### CASE I.—HUMERUS.

Patient, E. J., aged 22, entered the Hospital, October 15th, 1857. Eleven months before, his right arm was caught in a "splitting machine," and drawn in between the cylinders. A compound, comminuted fracture of the radius and ulna was produced at about their middle; and a compound fracture of the humerus rather below the middle. The fracture of the humerus did not unite, that of the forearm did.

October 14th.—A seton was passed between the fractured ends.

February 24th, 1858.—No union. Seton removed. Subsequently, emplastrum cantharidis was applied over the fracture; the ends of the bone were rubbed together.

May 12th.—No union. An incision was made over the fracture; the two ends were exposed, and an inch removed from each.

November 21st.—He was discharged, not relieved.

November 15th, 1859.—He returned to the Hospital; the arm was perfectly useless, and occasionally caused pain. He was prepared for anything that should offer a reasonable prospect of success, or even amputation as a last resort.

December 17th.—He was etherized, and, with the view of producing irritation, each fractured extremity split with a pair of strong forceps, made for the purpose with chisel blades (which punctured the skin at opposite points, and slowly penetrated the bone, the ends of the forceps being placed in a vise), and a splint applied, consisting of a shoulder-cap, with a band around the opposite side, and a cap for the elbow and forearm. These two caps were made to advance towards each other by a screw, so as to crowd the ends of the bones together.

18th.—Comfortable.

January 15th, 1860.—In consequence of pain about the shoulder, the apparatus was removed, and the arm bandaged. Little or no union.

February 14th.—*Operation by Dr. Bigelow.* He was etherized, and a crucial incision made over the external surface of the arm over the fracture. The band of ligamentous tissue connecting the bones was divided, and each extremity of the humerus turned out. The periosteum was carefully detached, for an inch or more, from each end. The denuded ends were then sawed off. A hole was drilled through each end, and a stout silver wire passed through. The ends

of the wire were then twisted, and the ends of the bone brought into exact apposition. The external wound was united with sutures; the ends of the wire were left protruding, and the former splint re-applied. After the operation, opiates were needed and freely given.

21st.—Wound smelling badly. A solution of chlorinated soda injected under the apparatus.

25th.—The apparatus was removed, washed and reapplied.

March 5th.—Wound closing by granulation. General condition good.

23d.—Arm apparently stiff.

29th.—To-day, the arm and shoulder becoming somewhat painful from pressure of splint and necessary want of cleanliness, everything was with great care removed; on slight examination of the arm, no motion was detected. The arm and shoulder were then carefully washed, lateral splints applied, and the hand and elbow supported in a sling.

April 4th.—The dressings were again removed. Slight mobility was detected at the point of fracture. As, however, only six weeks had elapsed since the operation, it appears to have progressed as rapidly as any compound fracture of an equally severe character could be expected to do. External wound nearly healed.

23d.—Apparatus frequently removed. Union firmer.

June 13th.—Union appearing to be very firm, and the wire causing some pain, there appeared to be no further indication for its remaining longer. He was etherized; the wire was untwisted and removed.

July 1st.—Arm was stiff and strong, with considerable motion in the elbow.

July 12th.—At request, patient was this day discharged, being able to return to his work, which is that of a leather splitter. The arm appeared to be nearly as useful as the other one.

#### CASE II.—RADIUS.

Patient, A. D., farmer, aged 56, entered the Hospital February 6th, 1861. Four years before, he received a fracture of both bones of the right forearm, with other injuries, by being caught in machinery. Splints were applied and kept on for nine weeks, the patient being confined to bed during this time on account of necrosis of both tibiae, resulting from the injuries sustained. At the expiration of this time there was no union. A starch bandage was applied and allowed to remain for four months, but no union was secured at the point of fracture. During this time his health continued good. Nine months after the receipt of the injury, an incision was made over the lower border of the forearm, the ends of the fractured ulna were turned out and sawed off, and the extremities then wired together. Various other means were subsequently resorted to, but with no success.

On entrance, the fractured ends of the ulna could be felt distinctly; there appeared to be some ligamentous union in the radius. He had a very considerable use of the hand.

February 9th.—*Operation by Dr. Bigelow.* He was etherized; a tourniquet was applied over the brachial artery to keep the wound dry. An incision was then made along the upper border of the radius, about two inches in length. The ends of the bone were turned out, the periosteum was dissected up, and about half an inch of each fragment sawed off. A hole was now drilled through the upper wall into the medullary cavity of each end, and the ends of the bone firmly wired together by means of a stout silver wire passing through the holes and twisted. Two small arteries required ligature. The edges of the wound were drawn together by sutures and a compress applied. The arm was placed in an external angular splint, and bandaged firmly, to prevent motion.

12th.—The pain in the arm is quite severe and constant. Considerable swelling about the wound. The bandage is daily removed.

March 1st.—Wound nearly healed about the wire. Appetite and strength excellent.

23d.—Patient allowed to go home, to return for the removal of the wire.

February 13th, 1863.—Patient has been able to saw wood with his right arm. He came to have the wire removed, which has remained since the operation.

14th.—He was etherized. An incision half an inch in length was made over the point of fracture; the wire was divided, and easily removed, two years from the time of its insertion.

#### CASE III.—HUMERUS.

Patient, J. C., laborer, aged 24, entered the Hospital November 4th, 1861. Eight months before, while turning the crank of a hand-car, he became entangled in some way, and his left arm was drawn under the crank and fractured above the elbow. A physician applied splints to the arm, and for two weeks took them off and reapplied them every day. At the end of eight weeks the splints were removed, but no union found at the point of fracture. Four months ago, the fractured ends of the bone were rubbed together, but with no success.

Now, the left arm is about one inch shorter than the right, from the ends overlapping each other. The fracture extends from a point about four inches from the lower end of the humerus, on the outer side of the shaft of the bone, obliquely inwards and downwards, terminating at a point about two inches above the internal condyle. Crepitus and motion in the fracture are very distinct. There has apparently been no callus thrown out around the fracture. Motion in the elbow-joint is perfect.

November 9th.—*Operation by Dr. Bigelow.* Patient was etheriz-

ed. An incision, three and a half inches in length, was made through the skin over the seat of fracture. The subjacent fibres of the triceps were then divided, as was also, accidentally, the musculo-spiral nerve, with the exception of a single fasciculus, by which the extremities hung together, and which was afterwards carefully respected. The ends of the fractured bone were then turned out; the periosteum was carefully detached from both; a piece one and a half inches long was sawed from the lower fragment, and a piece one inch long from the upper. A hole was then drilled through each end of the fractured bone, and the two surfaces kept in apposition by a silver wire, passed through the holes and the ends twisted. An inside and outside angular splint, well padded, were then applied. A single suture was introduced to keep the edges of the wound slightly in apposition. The extensors of the hand are paralyzed.

13th.—Splints were removed and reapplied. Position excellent. Slight suppuration in wound.

16th.—Splints removed, and arm dressed.

21st.—He has slight paralysis of sensation on the posterior radial aspect of forearm, and no sensation over the back of thumb and radial side of forefinger.

29th.—Appetite poor. Pulse accelerated.

December 17th.—Slight stiffening at point of fracture.

27th.—Considerable stiffness in humerus. Wound nearly closed.

January 10th, 1862.—Union moderately firm.

March 1st.—On careful examination, a slight yielding was detected at the point of fracture.

11th.—A small piece of necrosed bone came away from wound.

May 10th.—Patient was etherized. An incision was made down upon the wire, which was then extracted.

22d.—Discharged, well.

This patient wrote, April 28th, 1867, that he was a "section hand on the Northern Railroad," had not lost a day since he left the hospital, and was "well, doing the hardest kind of work." Sensation and motion in hand perfect.

#### CASE IV.—HUMERUS.

Patient, E. D., laborer, aged 31, entered the Hospital December 4th, 1862. A year before, his left arm was caught by a revolving shaft, and the humerus fractured. The skin was much contused, but not penetrated. A physician was called, who, after examination, pronounced the humerus comminuted through nearly its whole extent. He applied splints, bandages, &c., and on the third week reapplied them, at the same time making considerable extension to bring the fragments into position. At the end of the fourth week he announced that the union was getting firm, and a week later he removed the splints and applied strips of pasteboard. A few days after this, by a sudden movement, the fragments were displaced, although very

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slightly. After two weeks, they had become firmly united again, by the report of the physician. In the middle of May, he reported that all was well united, but not strong, and applied bandages, &c., with the intimation that it would be a year before the union would be strong enough to bear hard usage. Three weeks after this, the patient had the bandages removed to wash the arm, and his wife at once declared that the bones were loose. Various measures were then taken to procure union. For the past four months he has not interfered with the false joint, but has given his attention to recovering the motion of the elbow, stiffened by long disuse. Now, he has a false joint a little below the middle of the humerus.

December 6th.—*Operation by Dr. Bigelow.* Patient was etherized. An incision, four inches long, was made over the outer aspect of the false joint, and the ends of the fragments were exposed. Both ends were irregular in shape, especially that of the upper fragment. They were bound together by a tough, pearl-colored, gristly material, quite firm to the knife. The periosteum was dissected up and turned back from about an inch of the end of each fragment; the ends were then sawed off square, and a hole bored through each fragment at a point a quarter of an inch from their ends. The two fragments were then brought into apposition and held in place by a silver wire passed through these holes and twisted. The free ends of the wire were long enough to project from the wound. Sutures were then inserted, and angular splints, external and internal, were applied.

10th.—Suppuration well established. Splints removed, and wound dressed.

20th.—He has lost appetite during the last twenty-four hours. On removing splints, an erysipelatous blush was seen over the whole upper arm. *R.* Quinæ sulphat., gr. ij., ter die. Beef-steak and wine, if he will take them.

24th.—Splints changed. Doing better.

January 2d, 1863.—Patient is quite strong and cheerful. On removing the splints to change dressings, considerable stiffness is found in arm. Suppuration is moderate; the wound is closed, except immediately about the ends of the wire.

4th.—Considerable pain at the point of fracture, and in elbow.

14th.—He walks about.

16th.—The pus has burrowed towards the elbow. Much weaker. Beef-steak, wine and eggs.

23d.—There is tenderness and redness over the internal condyle, apparently from the commencement of a large abscess.

27th.—He has been very wretched since the last record, from great pain in the abscess. The splints were unbearable and were removed yesterday. The arm is laid on a large poultice, with an external straight splint. The abscess was freely incised under ether, and the various sinuses were torn into one.

31st.—Patient was etherized, and the wire cut and withdrawn.

February 4th.—Patient is improving wonderfully. He sits up all day, and walks about freely.

18th.—Wound entirely closed.

26th.—The arm is quite stiff at the point of fracture.

March 9th.—Discharged, well.

[To be concluded.]

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. BY Z. B. ADAMS, M.D., OF ROXBURY, ASSIST. SECRETARY.

The annual meeting of the Norfolk District Medical Society was held at the Phoenix House, Dedham, May 8th, 1867, at 11, A.M. In the absence of the President and Vice President, Dr. C. C. Holmes, of Milton, was chosen Chairman. The records of the last meeting were read and accepted. A committee was appointed to nominate officers for the coming year.

The Treasurer, in a humorous strain, made his annual report. Accepted.

*Voted*, To adjourn for dinner at 1½ o'clock.

Dr. J. Russell Little, of Jamaica Plain, having been examined and accepted by the Censors, signed the By-laws, and became a member of the Society.

Drs. Seaverns of Roxbury, C. E. Stedman of Dorchester, J. Stedman of Jamaica Plain, and E. Stone of Walpole, were appointed a committee to report a subject for discussion at the next meeting. This committee subsequently reported "The Treatment of Pneumonia" for the subject, and it was accepted by the Society.

On report of the Committee on Nominations, the following officers were chosen, by ballot, for the year 1867-8:—*President*, Dr. B. E. Cotting, Roxbury; *Vice President*, Dr. Jonathan Ware, Milton; *Secretary*, Dr. Edward Jarvis, Dorchester; *Treasurer*, Dr. Eben P. Burgess, Dedham; *Librarian*, Dr. David S. Fogg, South Dedham; *Councillors*, Drs. B. E. Cotting, J. G. S. Hitchcock, Edward Jarvis, S. Salisbury, Ira Allen, E. P. Burgess, C. C. Holmes, A. LeB. Monroe, Eben Stone, Benj. Cushing; *Censors*, Drs. G. Faulkner, W. C. B. Field, J. Seaverns, C. C. Tower, J. S. Greene; *Commissioner of Trials*, Dr. Ebenezer Alden; *Committee of Supervision*, Drs. J. P. Maynard, J. A. Stetson; *Orator*, Dr. Z. B. Adams.

Dr. Alden, of Randolph, read a paper on the question "Whether Alcohol is Food," showing that, in his opinion, it is not, and that, if it supports respiration, it does so at the expense of other functions.

Dr. Noyes, of Needham, read a paper on the Medical Botany of Norfolk County, being a continuation of that printed in this JOURNAL April 25th, 1867, p. 235. The object of this paper was to call attention to some of the principal plants now springing up or coming into flower, so as to enable the beginner to find and distinguish them without trouble.

Dr. Greene, of Dorchester, read a paper written by Dr. Jona. Ware, of Milton, Vice President of the Society, describing a case of obsti-

nate eczema which occurred in his own person during the past year, he being now seventy years of age. A diarrhœa, together with asthma and rheumatism, which had afflicted him of late years, had almost entirely ceased during the progress of the eczematous affection.

Dr. Burgess, of Dedham, read a paper which was an abstract of the conclusions arrived at in a longer paper he had prepared as a review of *Ranking's Abstract* and *Braithwaite's Retrospect*.

The venerable Dr. Walter Channing, now a resident in this District, being present, was asked to give the Society something from the notebook of his long and wide experience. Dr. Channing said that, in thinking over the subjects of medical interest, he had hit upon dysmenorrhœa, which he said was looked upon as almost the despair of medicine. Dr. Warren, who most frequently employed the ammoniated tincture of guaiacum in this disorder, told him that he had known one case to recover. This was in a lady who, after undergoing an attack of double pneumonia, and being bled, salivated and blistered, was found, after convalescence, to be entirely recovered from her dysmenorrhœa. He then spoke of a pill which he had used of late years with almost universal success, consisting of quiniæ sulphat.,  $\mathfrak{z}\text{i}$ .; extract. belladonnæ, gr. xii.; extract. conii,  $\mathfrak{z}\text{ss}$ . a  $\mathfrak{z}\text{i}$ . M. et ft. in pil. lx. One to be taken three times a day, and no more than one. He said that gin and black pepper was a remedy frequently employed in this disorder, but that his pills had succeeded when that had failed.

Dr. Alden then presented a very remarkable elongated oval body passed from the intestines. It was very perfect in form, about  $1\frac{1}{2}$  inches long by  $\frac{3}{4}$  of an inch in diameter, being perfectly smooth upon its exterior, and presenting a brown mottled appearance. In the interior it showed regular layers of a chalky whiteness in the middle, but growing yellow and dark brown towards the exterior. Its consistence was like that of ordinary chalk.

A syringe was shown for opiate injections per anum. It was a common half ounce glass syringe, with a metal pipe two or three inches long, of adult size. The transparency of the glass enables the operator to know exactly whether the prescribed quantity is administered; and the length, size, and strength of the pipe ensures its being carried sufficiently high up the bowels.

Dr. G. W. Fay, of East Weymouth, showed a photograph of a case of Lupus, following a blow on the tip of the nose twenty-three years ago. The disease has now destroyed the nose and a large portion of the face.

Adjourned for dinner at  $1\frac{1}{2}$  o'clock.

After dinner, Dr. Cotting, being present, assumed the chair, and showed to the Society a large package of published papers, which had been read before the Society during the past two years.

A notice of Dr. P. Garnier's *Dictionnaire Annuel* was then read by a member, which commended the work in the highest terms, and with discreet criticism, to the attention of the profession.

Dr. Greene read a paper on a brochure by Dancel, entitled, "Correction of forms in the human body, and as a consequence, the promotion of perfect intellectual development through hygienic means." He said that the author, Dancel, claims with reason to have first given the hint of the proper treatment for correcting obesity, since claimed by Banting for a London Doctor.

There appearing no other business before the Society, the President said that he had come prepared to deliver a valedictory, as there was no reason why he should be called upon to continue to act as President of the Society, having already passed the allotted time. Two years ago, when he was absent in South America, the Society had done him the honor, all unsolicited, to choose him their President; that the time of his demission had, according to the usual custom, already arrived. He would, however, while thanking the Society for the honor they had done him by their re-electing him to the President's chair, read from the semi-valedictory, which he had prepared, as follows:

\* \* \* \* During the past two years cholera has largely occupied the attention of the profession. Associations have all discussed it. The periodical press has been loaded down with communications upon it. In all this our Society has had its proportionate share. As in other outbreaks, but perhaps in this more than in any other, as the disease seemed approaching, medical opinion tended to contagion or "communicability;" and multitudes of impracticable measures were proposed, and more or less advocated. But, when the disease became actually present in any locality, most of these schemes were abandoned or neglected; and, here as elsewhere, all went to work and fearlessly labored as though contagion had never been thought of.

It is hardly yet time to estimate what we have learned in these two outbreaks—something positive however, we hope, in the "visible phenomena," those changes general and minute which take place after a disease has seized upon the victim—something negative, in proving the uselessness of many former methods of treatment and general management. We would fain hope that the "period"\* of its continuance in the world is near its end, but we cannot avoid suspecting a little pleasantry in putting the time when, by human agency, "cholera will become an unknown disease to future generations on this continent," into that conditional paulo-post futurity when "restrictive intercourse shall be complete," or, what is nearly the same thing, when every man shall stay at home and mind his own business.

Helminthology has lately claimed much attention. The prevalence of trichinæ in some parts of the Continent of Europe, and here and there in this country, has aroused a painful interest in the public as well as the profession. Especial study has been given to tape worms in England; and the unexpected result arrived at that a large proportion of these entozoa in that country are derived from other "butcher's meat" than pork. In one hundred and twenty specimens Cobbold found that ninety-five were from beef!

In Bahia, the investigations of our learned associate, Dr. Wucherer, have shown that a form of anemic decline, there called *canção*, prevalent among the negroes of that region, is due in great measure to the ravages of the ancylostomum, found by him in great numbers in the alimentary canal of the victims. At Lyons a new human entozoon

\* Quocircā opinari mihi fas sit, morbos certos habere *periodos* pro occultis illis atque adhuc incompertis alterationibus quæ ipsius terræ accidunt visceribus, pro varia scilicet ejusdem ætate ac duratione; quodque, sicuti alii morbi jam olim extitere, qui vel jam ceciderunt penitus, vel ætate saltem pene confecti exolvere, et rarissime comparant (eujusmodi sunt lepra, atque alii fortasse nonnulli) ita qui nunc regnant morbi aliquando demum intercedit, novis cedentes speciebus, de quibus nos ne minimum quidem hariolari valemus.—SYDENHAM, *Obs. Med.*, v. 4, 16.



has been discovered—a larva between two and three inches long, very adherent to the mucous membrane; to which M. Lortet has given the name of *Helophilus horridus*.

The annoyances occasioned by most parasites, and the destructive effects of some of them, have, it seems to me, been improperly called diseases. For however fatal they may be, they are still mechanical injuries, and no more entitled to such appellation than damage "from fire or caustic, fracture or a musket ball."

Throughout nature parasites seem to be a rule; their absence, the exception. They seem to have periods of prolificness, as diseases have of becoming epidemic. It is pretty evident also that individual capacity to harbor such creatures is variable, and dependent somewhat on imperfect constitutions or local power. Still their continuance appears to have been as carefully provided for as that of the principals themselves. Indeed, if the frequent duality of their habitat is considered, the natural history of the parasite is the more wonderful. The conclusion of Cobbold that "we human beings are essential to the existence of particular species," may not be very flattering to those who would have us believe that the universe and all within it were made for man alone; but science has nothing to do with such absurd doctrines. What *is*, and not *why* it is, should be the great object of scientific investigations. The ultimate purpose of parasites, disease, and even life itself, it is not for man to determine.

Throughout Great Britain during these two years past, more than ever, students have been urged by their teachers to study the natural history of diseases; though judging from reports of their cases very little opportunity is given them for so important a purpose. Still it is something to recognize that disease *has* a natural history, and augurs well for the future progress of Rational Medicine.

The change-of-type theory, so long and ardently maintained, is now nearly abandoned. The lectures of Dr. Markham, and the recent conversion of Sir Thomas Watson have given it the finishing blow. "There is" (says the *Lancet*, Editorial, Dec. 1866) "a steady setting in of scientific opinion in favor of the view that a great discovery has been made—that general disease remains the same in all times, and admits of a better treatment than was formerly practised." When there shall be a little further advance, and a clear perception that disease for the most part comes to its end, not by being driven out by antagonistic agencies in the system, but because it has finished its natural history (as a leaf falls when ripe, having served its purpose, and not because of the frost), then will a new dawn arise upon the midnoon of English as well as American practice.\*

Medical education—and this is the last general subject we shall

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\* Without denying the *possibility*, in the distant future, of discovering *specific remedies* so called, it is enough for the present that the probability of such discovery is very shadowy. Of former reputed specifics hardly a single one remains; and very few if any diseases are believed by anybody to have their antidotes in drugs. Until quite lately, intermittent fever and syphilis have been the strongholds in the "arguments" of nosoclasts. Mr. Wilks, of Guy's Hospital, in his recent most instructive lectures, *Lancet* (reprint), April, 1867, says:—"I have already said that syphilis is a specific contagious disease [not, necessarily, venereal], and that in not a single example to which it belongs have we any knowledge of a remedy properly so called. Each runs its course." This, in fact, is the present received opinion of experts.

When some one shall do for intermittent fever and quinine (and no one can do it better than he) what Mr. Wilks has done for syphilis, mercury, and iodine, "abortive treatment"

allude to, for we are not making a catalogue—medical education has lately been brought prominently before the profession and the community—in England, by the failure of graduates to pass the Army and Navy Boards, and other local causes; in France, by the constrained demission of nearly a fourth of the Faculty at Paris; and in this country, by the acknowledged necessity of more uniformity, and the continued multiplication of schools with power to grant degrees.

Little advance in the matter has been made as yet on the other side of the water; and, as no definite plan has been arrived at in this country, every one is at liberty to make his own suggestions. It would appear then that the time has come for some one of the old established schools to take a new position—to exact for matriculation the requirements for admission to the Freshman Class in College (including the Latin and Greek, which are needed in this if not in other professions), with the addition of elementary chemistry and physics; to require the student to continue the whole year (as in College, Divinity and Law schools)—to apportion the studies for each year, with frequent recitations, and examinations yearly for promotion from one class to the next; reserving clinical instruction, the care and management of the sick, for the last year. The present rule “to study under the direction and to attend the practice of some respectable physician,” was well enough in times past, but hardly meets the requirements of the present day. The medical school which shall take such a forward stand as this, will soon attract to it the best students of the whole country, for there are enough who really wish a thorough education; and its degree will be recognized by the public as well as the profession as one of great value—quite worthy of special designation whenever the title shall be appended to a graduate's name. It is vain to wait for combined action; let a trial be made by a single school of established character. One school, taking such a stand, with ability and determination to carry it out, would do more for medical education than all the resolutions of associations and all the conventions of professors in the country put together. Once done, the populace as well as the profession would acknowledge its wisdom, for real learning has not altogether lost its influence even with the crowd. What graduate of Harvard would not rejoice to see his Alma Mater, regardless of temporary interests, step forward and take such high ground for the cause of professional science and the general good of the community?

But in a profession like ours, which even now requires of its candidates an acquaintance with “a longer list of distinct sciences than is required for any other” \* \* \* \* “the never-ending struggle after knowledge and truth” has but begun at graduation for those who take an elevated and enlarged view of their calling. And here come in the great advantages of societies, for it is as true of our profession as of that of which it was written, that “those actively engaged in

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will be untenable, and medical attendance on the sick, then requiring more knowledge and skill, will become more useful and *curative* than routine practice.

We have heard, long ago, intelligent persons residing in malarious districts assert that, although quinine had certain immediate effects, those were ultimately better off who abstained from taking it in intermittent fever. “The sequelæ of ‘quininitis’ are truly deplorable.”

*A drug may be very useful in a disease without being a specific or a remedy; a fact which seems to be forgotten by those who “believe their doses are working a cure.”*

daily routine need means of continuous culture, that the impulse created by their preparatory discipline may not be too soon spent and forgotten in the task-work of life; something to suggest and freshen thought, to invite investigation, to stir up the old enthusiasm, to allure to new paths of research; something to keep the mind in communication with the prevailing currents and tendencies of opinion" in the profession itself and in the world around it. To be sure, Societies will not give any one, if he has it not by nature, the practical *νοῦς* or *αγγέλους* Dr. John Brown speaks of, which enabled "the raw 'prentice lad" to stop an uterine hemorrhage with "a wooden bicker and a tight binder," but the Reports of such cases of "readiness or nearness of mind," such for example in our own Society as the "procédé inquisitorial," cannot but assist the needed "power and promptitude" in all who listen. It is not, however, my intention to argue the utility of societies for scientific advancement or individual progress; enough that this is universally admitted, some going so far, even, as to put under the ban those who not actively assist in the county, or district societies;\* as our State Society does all who do not join its ranks when qualified. Happily the members of this Society have been ever ready to render its meetings interesting and useful; and never more so than during the past two years. In this short time thirty-seven papers have been read at the meetings, of which twenty-seven have been published in the Boston Medical and Surgical Journal. Some of these papers have been copied or quoted in other periodicals, here and abroad, or epitomized for more permanent record in foreign year-books. This surely is not a mean or despicable record for a District Society whose active members are mostly engaged in the wearisome routine of country practice. Besides, at each meeting there have been animated and well sustained discussions of subjects of professional interest, together with free and instructive criticisms on the papers read. In this way the Society continues to be one for mutual improvement, in which the writer of a paper, by the discussion and criticism which follows its reading, gets his full share. And let no one despise this "paper" writing. As a means of self-improvement there is hardly a better. It is not an easy thing to write an unexceptionable "paper." Let any member who thinks it is, and has not tried it, make the attempt, and he will soon discover his error. He need not try to advance any thing new, that is often a hopeless task; let him only attempt to reduce to the limits of a short and symmetrical essay *what is known* of any one of the ordinary subjects of professional consideration—the simplest disease, or the commonest drug, for example—and he will find what labor it is to bring his thoughts and learning, often too loose and scattered, into the faultless article he would exact of others. But this labor will do himself a service, will be an efficient means of instructing himself if no one else, which is hardly supposable, so that in the end, each member having taken his turn, the whole Society is advanced. Let then these practices be continued, and if any outside our circle are benefited by our efforts, or are led to surpass them, we shall have double cause to rejoice in our labors.

\* The Montgomery (Penn.) County Medical Society in a *resolve*, passed last year, regret that some members have kept aloof from the County Societies, "thus ranging themselves," says the resolution, "on the side of those whose unprofessional conduct, or low standard of medical attainments, or disregard of medical etiquette, prohibits from membership in such societies."—*Philadelphia Medical and Surgical Reporter*, May, 1866.

## AMERICAN MEDICAL ASSOCIATION.

*Convention of Teachers of the Medical Colleges of the United States.*

WE are indebted to Dr. D. H. Storer for copies of the *Cincinnati Commercial* containing the report of the meetings of the American Medical Association and the Convention of Medical Teachers, which we print this week as far our space will permit.

In compliance with a call of a Committee appointed by the American Medical Association, at its last annual session, held in Baltimore, May 3d, 1866, delegates from most of the medical institutions of the country met on the 3d inst., at 10 o'clock, in the faculty room of the Medical College of Ohio.

Professor Davis, of Chicago, Chairman of the Committee, called the meeting to order, and, after stating its object, proposed, with a view to facilitate the perfection of a permanent organization, the appointment of a temporary Chairman and Secretary. This proposition being accepted, Professor A. Stillé, of Philadelphia, was elected temporary Chairman, and Professor G. C. E. Weber, of Cleveland, Secretary.

Professors Davis of Chicago, Donaldson of Baltimore, and Blackman of Chicago, were appointed a Committee on Credentials. The following named gentlemen were approved as delegates from their respective colleges:—

Professors A. Hammar, of Humboldt Medical College, St. Louis, Mo.; W. N. Byford, Chicago Medical College, Chicago; A. Stillé, University of Pennsylvania, Philadelphia, Penn.; A. B. Palmer, University of Michigan, Mich.; A. B. Palmer, Berkshire Medical College, Mass.; Alden March, Albany Medical College, N. Y.; A. J. Steele, Chicago Medical College, Chicago; N. S. Davis, Chicago Medical College, Chicago; Francis Carter, Starling Medical College, Ohio; James M. Holloway, University of Louisville, Ky.; N. R. Taylor, Medical Department of Iowa University, Iowa; J. C. Hughes, Medical Department of Iowa University, Iowa; G. C. E. Weber, Charity Hospital Medical College, Cleveland, Ohio; F. Donaldson, University of Maryland, Md.; J. N. McDowell, Missouri Medical College, Mo.; C. G. Comegys, Medical College of Ohio, Ohio; George C. Hackrum, Medical College of Ohio, Ohio; E. B. Stevens, Miami Medical College, Ohio; George Mendenhall, Miami Medical College, Ohio; L. O. Gross, Jefferson Medical College, Penn.; B. L. Lawson, Cincinnati College of Medicine; — Read, Cincinnati College of Medicine.

Professor Stillé, of Philadelphia, was chosen permanent Chairman, and Professor Weber, of Cleveland, Secretary.

Professors Holloway of Louisville, Davis of Chicago, Donaldson of Baltimore, Blackman of Cincinnati, and March of Albany, were appointed a committee to report on the order of the different subjects which were to occupy the attention of the Convention. After which the Convention adjourned to 4 o'clock, P.M.

In the afternoon session, this committee reported the following distinct propositions for the consideration of the Convention:—

“1. That every medical student applying for matriculation in a medical college, shall be required to show, either by satisfactory certificates or by a direct examination by a committee of the faculty, that he possesses a thorough knowledge of the common English branches of education, including the first series of mathematics and the natural sciences, and that the certificates presented or the results of the examinations thus required, be regularly filed as a part of the records of each medical college.

“2. That every medical student be required to study not only three full years,

but also to attend three regular annual courses of medical college instruction before being admitted to an examination for the degree of Doctor of Medicine.

"3. That the *minimum* duration of a regular annual lecture term, or course of medical college instruction, shall be five calendar months.

"4. That every medical college shall embrace in its curriculum at least *thirteen* professorships, including substantially the following branches, namely: Descriptive Anatomy, Physiology and Histology, Inorganic Chemistry, *Materia Medica*, Organic Chemistry and Toxicology, General Pathology and Public Hygiene, Surgical Anatomy and Operations of Surgery, Medical Jurisprudence, Practice of Medicine, Practice of Surgery, Obstetrics and Diseases of Women, Clinical Medicine and Clinical Surgery. That these several branches shall be divided into three groups or series, corresponding with the three years required for medical study. The first, or freshman series, shall embrace Descriptive Anatomy, Physiology and Histology, Inorganic Chemistry and *Materia Medica*. To these the attention of the student shall be mainly restricted during the first year of his studies, and on them he shall be thoroughly examined by the proper members of the faculty at the close of his first course of medical college instruction, and receive a certificate indicating the degree of his progress. The second, or junior series, shall embrace Organic Chemistry and Toxicology, General Pathology, Public Hygiene, Surgical Anatomy and Operations of Surgery and Medical Jurisprudence. To these the attention of the medical student shall be directed during the second year of his studies, and on them he shall be examined at the close of his second course of medical college instruction, the same as after the first. The third, or senior series, shall embrace Practical Medicine, Practical Surgery, Obstetrics and Diseases of Women, with Clinical Medicine and Clinical Surgery in hospital. These shall occupy the attention of the student during the third year of his medical studies, and at the close of the third course of his medical college attendance, he shall undergo a general examination in all the departments, as a prerequisite for the degree of Doctor of Medicine. The instruction in the three series of branches is to be given simultaneously, and to continue throughout the whole of each annual college term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the sophomore, junior and senior classes each pursue their respective studies simultaneously throughout the collegiate year, in all our literary colleges.

"5. That the practice of selling individual tickets by members of medical college faculties should be abolished, and, in place of it, each student should be charged a specified sum for each annual course of medical college instruction, the sum being the same for each of the three courses before graduating; and any student or practitioner who has attended three full courses in any one college, shall be entitled to attend any subsequent course or courses in that college gratuitously. The fees paid for each annual course of college instruction should be paid to the treasurer of the college, and subsequently distributed to each member of the faculty at such time and in such proportion as the trustees and faculty of each college shall determine.

"6. That inasmuch as the maintenance of an efficient medical college requires a large expenditure of money annually, and inasmuch as there is no reasonable hope of adequate endowment from the several State governments, the exaction of a just and reasonable annual lecture fee is a necessity with which all medical colleges should comply, and that \$105 should be the minimum fee for each regular annual course of instruction in any medical college in the United States."

The first proposition was taken up and discussed by Professors Davis, Gross, Comegys, McDowell, Hammar, Taylor and Palmer, and with an amendment so as to strike out the words "natural sciences," and add "sufficient knowledge of Latin and Greek to understand the technical terms of the profession," it was adopted.

The Convention then adjourned to meet at 9½ o'clock on the 4th instant.

SECOND DAY — MORNING SESSION.

The Convention was called to order at 9½ o'clock, A.M., by the Chairman, Professor Stillé. The minutes of the preceding session were read and adopted. The Chair then announced that the next business in order was the discussion of Section 2 of the Report of the Committee on the Order of Business, which reads as follows :

"That every medical student be required to study three full years, including three regular annual courses of medical college instruction, before being admitted to an examination for the degree of Doctor of Medicine."

Professor Gross, of Philadelphia, moved to amend so as to insert "four" after study, instead of "three."

Remarks were made by Professors Gross, Hammar, of St. Louis, Davis, of Chicago; Palmer, of Michigan; and McDowell, of St. Louis.

The Convention then suspended the rules, for the purpose of allowing Professor Davis to introduce the following resolution :

"Resolved, — That in all distinct propositions under the consideration of this Convention, no member shall speak more than once until all other members have spoken who wish to speak." Adopted.

Professor F. Howard, of Washington City, moved to amend by inserting "not less than three years," instead of "three full years." Lost.

Professor Gross's amendment was then adopted.

On motion of Professor Gross, the entire section, as amended, was unanimously adopted.

Professor Hammar moved to take up for consideration Section 4 prior to Section 3. Lost.

Section 3 was read, viz. : "That the minimum duration of a regular annual lecture term or course of medical college instruction shall be five calendar months."

Professor Gross moved to amend by inserting "six" in place of "five calendar months." Carried.

Section 3, as amended, was then adopted.

Section 4 being next in order, came up for discussion. Professor Gross moved to discuss the different parts of this section separately. First, that relating to the different branches recommended to be taught in the schools. Second, the number of professorships. Third, the division of studies. Adopted.

Professor Hammar moved to add to the different branches Natural Philosophy and Pathological Anatomy.

Professor Donaldson, of Baltimore, moved to act upon these propositions separately.

The vote on the addition of Natural Philosophy being taken, it was rejected.

The amendment adding Pathological Anatomy was carried.

Professor Byford, of Chicago, moved to amend by including diseases of children. Carried.

On motion, the Convention then adjourned to meet at 1 o'clock.

AFTERNOON SESSION.

The meeting having been called to order by the Chairman, the second part of Section 4 was called up for discussion.

Professor Gross moved to amend by inserting after the words "following branches," "to be taught by not less than nine Professors." Carried.

Remarks were made by Professors Gross, Palmer, Davis, Hammar, Howard and Taylor.

The third part of Section 4, referring to the division of studies, was next considered.

Professor Davis moved to amend, by making that part read as follows :

"That these several branches shall be divided into three groups or series, corresponding with the three courses of medical college instruction required.

"The first, or Freshman series, shall embrace Descriptive Anatomy and Practical Dissections, Physiology and Histology, Inorganic Chemistry and Materia Medica, and Therapeutics.

"To these the attention of the student shall be mainly restricted during his first course of medical college instruction, and in these he shall submit to a thorough examination by the proper members of the Faculty, at its close, and receive a certificate indicating the degree of his progress.

"The second, or Junior series, shall embrace Organic Chemistry and Toxicology, General Pathology, Morbid Anatomy and Public Hygiene, Surgical Anatomy and Operations of Surgery, and Medical Jurisprudence. To these the attention of the medical student shall be directed during his second course of medical college instruction, and in them he shall be examined at the close of his second course in the same manner as after the first.

"The third, or Senior series, shall embrace Practical Medicine, Practical Surgery, Obstetrics and diseases peculiar to women and children; with Clinical Medicine and Clinical Surgery in hospital. These shall occupy the attention of the student during his third course of college instruction, and at its close he shall be eligible to a general examination on all the branches as a prerequisite for the Degree of Doctor of Medicine. The instruction in the three series of branches is to be given simultaneously, and to continue throughout the whole of each annual college term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the Sophomore, Junior and Senior classes, each pursue their respective studies simultaneously throughout the collegiate year, in all our literary colleges."

After a protracted debate, in which Professors Gross, Palmer, Blackman, Hammar, Davis and Taylor participated, the motion of Professor Davis prevailed.

Professor Davis then moved the adoption of the entire section as amended. Carried.

Section 5 was then taken up, and, upon motion of Professor Palmer, laid on the table.

Section 6 being in order, was read, but on motion of Professor Gross was also laid upon the table until Monday morning, 6th inst.

On motion of Professor Davis, the Convention then adjourned to meet at 10, A.M., on Monday morning.

#### THIRD DAY—MORNING SESSION.

The meeting was called to order by Professor Stillé at 10 o'clock, A.M.

The minutes of the previous session were read and approved.

The Committee on Credentials announced Dr. T. M. Logan, of Sacramento, California, as an authorized delegate from the Faculty of the Toland Medical College of San Francisco.

Professor Gross moved to reconsider parts of section four, relating to the branches to be taught in medical colleges.

Professor Hammar moved to suspend the rules for that purpose. Carried.

Professor Gross moved to amend part first, section four, by insert-

ing the words "Medical Ethics" after the words "Medical Jurisprudence."

Professor Palmer moved the adoption of the amendment. Carried.

Professor Comegys moved the reconsideration of section one.

After suspension of the rules this motion was adopted.

Professor Comegys moved to amend section 1, by inserting "Elements of Natural Sciences" after the words mathematics. Carried.

Professor Hammar moved the adoption of the whole section as amended. Carried.

Section six was then considered.

On motion of Professor Donaldson it was laid on the table.

Professor Palmer then introduced the following resolution :

*"Resolved, That every medical college should immediately adopt some effectual method of ascertaining the actual attendance of students upon its lectures and other exercises, and at the close of each session of the attendance of the student a certificate, specifying the time and the courses of instruction actually attended, should be given; and such certificate only should be received by other colleges as evidence of such attendance."*

The resolution was adopted.

Professor Davis moved the adoption of all the sections as amended. Carried.

Prof. Gross moved to transmit a copy of these sections as adopted by this convention, certified to by its officers, to the American Medical Association, at its next session.

Prof. Davis then introduced the following resolution :

*"Resolved, That a committee of five be appointed by the President, whose duty it shall be to present the several propositions adopted by the Convention, to the trustees and faculties of all the medical colleges in this country, and solicit their definite action thereon, with a view to the early and simultaneous practical adoption of the same throughout the whole country. And that the same committee be authorized to call another convention whenever deemed advisable."*

The Chair appointed the following gentlemen that committee :— Prof. Davis of Chicago, Donaldson of Baltimore, Gross of Philadelphia, March of Albany, Blackman of Cincinnati.

The Chairman then introduced Dr. Vattier, President of the Cincinnati Academy of Medicine, who invited the members of the Convention to be present at the opening of the Academy in the evening.

Prof. March moved to accept the invitation. Carried.

On motion of Prof. Davis a vote of thanks was returned to the Chairman and Secretary of the Convention for the efficiency with which they have discharged their duties, and to the Faculty of the Ohio Medical College for the use of their hall.

The President returned his thanks to the members of the Convention in a neat and appropriate speech.

Prof. Stevens moved that a formal written thesis on some professional topic shall be regarded as one of the indispensable requirements for the doctorate.

Remarks were made by Profs. Comegys, Stevens and Donaldson.

Professor Davis then rose simply to suggest whether there was not some danger of entering upon the consideration of propositions involving details that might unnecessarily complicate the great leading object for which we have been laboring. Whether the time-honored and universal custom of requiring the medical students to write a thesis should be insisted on or not, would have but little bearing on the great



principles involved in the revision of our system of medical education. If the standard of preliminary education which we have here adopted should be carried into effect, it would remove one of the objects for which the writing of a thesis was originally demanded. Yet, he said, it was desirable to retain the practice, if for no other purpose than to encourage every student in the habit of expressing his thoughts on paper. But the great and all important object of this convention was simply to place the system of medical education in this country upon sound educational principles, by erecting a standard of preparatory education, by increasing the period of study, by adding to the college courses, and by determining a rational order of study. This we have now done, so far as this convention is concerned, by the harmonious adoption of the five propositions already passed upon. And he earnestly suggested whether we had not better stop here, and devote the remainder of our time to the work of devising the most efficient means to secure the adoption and simultaneous practical execution of the provisions already agreed upon by all the Colleges of our country, and leave all minor matters of detail to be determined as time and circumstances should indicate in the future.

Thereupon, on motion of Professor Hammar the Convention adjourned, subject to the call of the Committee.

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*Eighteenth Annual Meeting of the Association.*

The eighteenth annual meeting of the American Medical Association commenced on the 7th inst. at Hopkins's Music Hall, Cincinnati, and was called to order at 11 o'clock, by the President, Dr. Henry F. Askew.

After prayer by Rev. Dr. Storrs, Dr. John A. Murphy, Chairman of the Committee of Arrangements, bade the Association welcome in the following brief and appropriate speech:—

"MR. PRESIDENT AND GENTLEMEN OF THE ASSOCIATION,—It is my pleasant duty to greet you on this occasion, and to give you a cordial welcome to this city. I welcome you also on behalf of the medical profession, and the citizens at large.

"Seventeen years ago this Association honored us with a meeting. Now, as then, we are happy in having the pleasure of greeting representatives from all parts of our beloved country. It is with feelings of no ordinary pleasure that I welcome this Association, American by name, national and catholic in spirit, once more to the hospitalities of our city. Its history is bright with the names and labors of the great and good in all parts of the country. It has harmonized the profession, elevated its tone, stimulated a desire for a higher standard of medical education, and above all has drawn a line, as of fire, between the scientific physician and the empiric, by adopting the code of ethics. Its power for good is hardly to be estimated. Its yearly transactions have received high commendation. No man in the profession can be indifferent to it. Much remains yet to be done to make its labors still more valuable. Without any power from State or National Government, to execute its mandates, it must in the future, as in the past, rely on the union, enthusiasm and scientific labors of its members.

"Having the highest confidence in the capacity of the Association for usefulness, and trusting that its labors may be still more conducive to the advancement of the science and improvement of the art, I bid you God speed in your efforts, and again most heartily welcome you to our city and our homes as distinguished and honored guests."

He then announced that ladies are invited to all the sessions and recreations of the Association, excepting to the banquet at Melodeon

Hall, and that upon application of their gentlemen friends, ladies will be provided with the necessary accommodations by the Committee of Arrangements.

*President's Address.*—Dr. Askew delivered his annual address. Its tone was deprecatory, rather than laudatory, of the progress of the Association, as manifested in the circulation of the annual reports, which contained valuable knowledge and able papers on subjects interesting to the profession. The membership was three thousand; but the attendance only a tenth of that number. From a thousand to eleven hundred copies of the annual report formerly printed, the number has fallen to six hundred, and these include the copies sent gratis to medical and other journals. Renewed efforts should be made to increase the demand for the reports.

The address next discussed the restrictions of membership, and invited attention to the subject. Specialists, and their efforts to obtain notoriety by advertising, were noticed. The diploma may once have been necessary to vouch for the doctor, but now it is only regarded as a certificate that he has completed his studies, and is qualified to take charge of the life of his patients. The danger in special practice is, that in the disturbance of a part the whole must be affected, and hence the necessity that the patient should have the attention of the general, as well as the special practitioner.

The influence of the Association is to check empiricism and to disseminate the best knowledge among the profession, but not until the schools consent that pupils study and master the elementary branches can the profession attain to perfection. The thoroughness of the European schools was commended.

The subject of opium-eating was noticed next. The speaker stated that its use was almost as extensive and its effect as alarming as that of alcohol. Calls on the apothecary for it were constant. Children were sent for it to the drug store and received it in quantities incredible to those not acquainted with the traffic. The honor, interest and respectability of the profession would be benefited by action to prevent the abuse of opium.

The address touched on other subjects interesting to the Association, and a copy was requested for publication.

**SPECIAL COMMITTEES.**—Reports from the following Committees were called for:

1. On Quarantine, Dr. Wilson Jewell, Pennsylvania, Chairman.
2. On Ligation of Subclavian Artery, Dr. Willard Parker, New York, Chairman.
3. On Progress of Medical Science, Dr. James C. Smith, New York, Chairman.
4. On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Massachusetts, Chairman.
5. On Drainage and Sewerage of Cities, &c., Dr. Wilson Jewell, Pennsylvania, Chairman.
6. On the Use of Plaster of Paris in Surgery, Dr. James L. Little, New York, Chairman.
7. On Prize Essays, Dr. F. Donaldson, Maryland, Chairman.
8. On Medical Education, Dr. S. D. Gross, Pennsylvania, Chairman.
9. On Medical Literature, Dr. A. C. Post, New York, Chairman.
10. On Instruction in Medical Colleges, Dr. Nathan S. Davis, Illinois, Chairman.
11. On Rank of Medical Men in the Army, Dr. D. H. Storer, Massachusetts, Chairman.
12. On Rank of Medical Men in the Navy, Dr. W. M. Wood, U. S. N., Chairman.
13. On Insanity, Dr. Isaac Ray, Rhode Island, Chairman.
14. On American Medical Necrology, Dr. C. C. Cox, Maryland, Chairman.
15. On the Causes of Epidemics, Dr. Thomas Antisell, District of Columbia, Chairman.
16. On Compulsory Vaccination, Dr. A. N. Bell, New York, Chairman.
17. On Leakage of Gas-Pipes, Dr. J. C. Draper, New York, Chairman.
18. On Alcohol and its Relations to Man, Dr.

J. R. W. Dunbar, Maryland, Chairman. 19. On the Various Surgical Operations for the Relief of Defective Vision, Dr. M. A. Pallen, Missouri, Chairman. 20. On Local Anesthesia, Dr. E. Krackowitzer, New York, Chairman. 21. On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye, Dr. H. D. Noyes, New York, Chairman. 22. On the Comparative Merits of the Different Operations for the Extraction of Vesical Calculi, Dr. B. J. Raphael, New York, Chairman. 23. On the Therapeutics of Inhalation, Dr. J. Solis Cohen, Pennsylvania, Chairman. 24. On the Deleterious Articles used in Dentistry, Dr. Augustus Mason, Massachusetts, Chairman. 25. On Medical Ethics, Dr. Worthington Hooker, Connecticut, Chairman. 36. On the Climatology and Epidemics of Maine, Dr. J. C. Weston; of New Hampshire, Dr. P. A. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. Alfred C. Garratt; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. B. H. Catlin; New York, Dr. E. M. Chapman; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Delaware, Dr. — Wood; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harriss; Missouri, Dr. George Engelman; Alabama, Dr. R. Miller; Texas, Dr. Greenville Dowell; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. W. H. Baker; Michigan, Dr. Abraham Sager; Ohio, Dr. J. W. Russell.

Responses were made to most of the calls. The following is a summary: No. 1, dropped; No. 2, postponed; No. 3, no report — discharged; No. 4, postponed; No. 5, discharged; No. 6, referred to section on surgery; Nos. 7, 8 and 9, postponed; No. 10, set for 10 o'clock, Wednesday; No. 11, granted time; No. 12, paper read by Dr. Pinkney and referred to below; No. 13, no report, which called for some remarks by members, and a resolution by the Association to have the President order the call of the Committee by name. Drs. Lockhart, of Indiana; Jones, of Tennessee; Stokes, of Maryland, and Cabannas, of Mississippi, were called, but no response was made. No. 14, ready; but as it embraces two years, and is lengthy, was referred to section. Nos. 15 and 16, no reports. No. 17, postponed till next year. No. 18, referred to section on hygiene. No. 19, discharged by request. Nos. 20, 21 and 22, no reports. No. 23, referred to section. No. 24, asked time — granted. No. 25, laid on table for future action. No. 26, Drs. Alfred C. Garratt and R. C. Hamil responded, and their papers were referred.

*Report upon the Naval Medical Staff Rank.* — This report was read by Dr. Pinkney, who holds the rank of Commodore in the navy, and appreciates most fully the wrongs of the medical profession in the United States Navy. The following passage will serve to illustrate its character:

"Our service is overgrown with usages which sprung up in the earlier and ruder ages of naval life, and still cling to it with a power and tenacity which almost defy modern enlightenment, progress and even law. It is probable that the National authorities, who organized the existing rank of medical officers, intended to confer a more substantial fact than the usages of ship-board life have permitted. Among the usages of the service, is that which limits an officer's rights and comforts to the apartments in which he messes, even though his rank actually entitles him to higher privileges and greater comforts than belong to those of an inferior rank, who make up the majority of the inmates of that apartment. The steerage is the most humble of those apartments, and is the dwelling place of the very young, or those of no responsibility. The ward-room gathers in it most of the commissioned, and some warrant officers, and was originally occupied by none of higher rank than Lieutenant. All its usages and government are still conformed to the scale of that grade.

"Now, make a medical officer in name an Admiral, and leave him to be ward-room officer, and the title becomes ridiculous. It is sunk below the usages and restrictions originally designed for those of junior years and of inferior rank.

"There is only one mess which is superior to these restrictions, and that is the mess or messes of the commanding officers and their associates, who may range in rank from a Lieutenant Commander to an Admiral. Sometimes there are one, sometimes two of these messes. This is very properly left to the will of the

Commander-in-chief, who may choose that he and his Captains may have one or the separate establishments. The Assistant-Surgeon enters the service with the rank of Master. That this title may not be misunderstood, it may be necessary to explain that it is the lowest rank in the ward-room, for the incumbent is, in modern times, generally a graduate of the Naval Academy, awaiting his promotion to Lieutenantcy. Like the Master, the Assistant Surgeon at once becomes a member of the ward-room mess, and unless the number of partitioned-off sleeping-berths contained in the ward-room are occupied by his seniors, he may have the good fortune to occupy one of those that are dimly lighted by an air-post, six inches diameter. This space is so restricted, and the separation from the common apartment is so slight, that words in an ordinary voice in another become common property."

After further presenting the discriminations against medical men, in regard to ship-board accommodations, Commodore Pinkney said :

"The general law is that no officer shares in prize money unless his name be borne upon the books of the vessel making the captures; but the Admiral or Commander-in-chief has a percentage on all prizes made. The Fleet-Surgeon, as a member of the Commander-in-chief's staff, must be with him in the flag-ship, and, as a rule, at the post of the greatest risk, responsibility and hazard, consequently he is not likely to have his name borne upon the books of the subordinate vessels making captures, and yet no share of prize money is allowed him."

The report suggests the following as the remedy for these evils :—

"1. After they have reached the rank of Commander, or are filling the position of Fleet-Surgeon, let them be by right, as they often have been by courtesy, members of the cabin mess. If the mess of the Commander-in-chief be too exalted a social position for the members of your profession who are filling the important position of Fleet-Surgeon, then let them be members by right of the mess of the Commander of the ship and the Fleet-Captain.

"2. An equitable arrangement of prize money, most important in principle, your Committee hope to see effected. It will, however, require future legislation."

In European countries, the Doctor said, more liberal regulations prevail with regard to naval surgeons than in democratic America.

"The late Admiral Foote, so justly distinguished for his large-minded liberality, advocated the highest rank for naval medical officers. An Admiral, among the most distinguished in the service, has authorized to be officially said that he thought the Fleet-Surgeon should in our service, as in the French, be a member of the Commander-in-chief's staff and family. We regard it as opposed to the public interests of the service, which can never be sacrificed to gross indignity without detriment."

Commodore Pinkney offered in conclusion a resolution that a committee of five be appointed by the Chair to present the subject to the President of the United States and to the Secretary of the Navy. Carried unanimously.

On motion, it was resolved to memorialize Congress to enact a law giving a proper share of prize money to medical naval officers.

The Secretary announced several papers, which were referred to sections, and will come up in regular order hereafter.

The report of the Committee on Publication was read.

The Association refused to abolish the payment of money for prize essays, and substitute a certificate and a hundred printed copies of the essays to the essayist.

On motion it was resolved that the delegates from the different States should meet Wednesday and agree among themselves upon

their candidates on the new committee, and report the same to the Secretary.

The Association then adjourned to meet at the same place at 9 o'clock Wednesday morning.

[The subsequent proceedings of the Association will be continued in our next number.]

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 16, 1867.

### STEAM ATOMIZER.

In our issue of April 18, 1867, we spoke of various appliances for atomizing fluids, during which we mentioned the employment of a small portable boiler. We now offer a description of an apparatus of this kind manufactured by Messrs. Codman and Shurtleff, 13 and 15 Tremont Street, Boston. Without wishing to detract from the merits of other inventions, we are free to say that the one we are about to describe is so complete and workmanlike as to leave scarce anything to be desired.

The apparatus represented in the figure is based on the principles of Drs. Siegle and Bergson, but contains important improvements and additions. It is made in the most substantial manner, all the joints in the boiler being both screwed and soldered. It is also provided with contrivances by which its action can be readily adjusted in all necessary particulars, as may be seen by the following description:—



J, Lamp, provided with tube for graduating flame for much or little heat. K, Safety valve, graduating to high or low pressure. By unscrewing the valve tube from its position, the boiler may be supplied with water without disturbing the atomizing tubes. L, Milled button or top. Between this and a suitable projection or shelf within the neck of the boiler, is secured the packing of rubber through which the atomizing tube passes—air- and steam-

tight. M, Mahogany ring to protect the hand from heat in removing the boiler and tubes for the purpose of changing the medicament. N, The atomizing tubes. O, Cup in which the medicament is placed. P, Shield for protecting the patient's face from unpleasant contact with the medicated vapors. Q, Joint allowing the shield to be moved to, and retained at, any necessary deviation from a horizontal position. R, Sliding staff for regulating the height of the shield. By means of the joint Q and the sliding staff, the shield may be adjusted for use by adults or by children. S, Cup for receiving the water of condensation which drops from the face shield P.

*Obsequies of M. Jobert (de Lamballe).*—On the 26th of April, a large assemblage, as we learn from the *Union Médicale*, filled the Church of the Madeleine, in Paris, where the funeral services over the remains of M. Jobert (de Lamballe)—deceased April 19th—were performed with distinguished ceremony.

Marshall Vaillant represented the household of the Emperor. The Academy of Sciences was represented by its President, M. Chevreul, and several of its members, among whom were noticed MM. J. Cloquet, Bertrand, and the Vice Admiral Jurien de la Gravière. At the head of a numerous deputation of the Academy of Medicine walked M. Tardieu, President, M. Ricord, Vice President, M. Bécлар, Annual Secretary. Dr. Conneau represented the medical household of the Emperor, accompanied by MM. Arnal, de Pietra Santa, Davaine, Berrier-Fontaine. The Faculty of Medicine sent a deputation of Professors and "Agrégés," in their robes, at the head of whom was the Dean, M. Wurtz. MM. Michel Lévy, Baube, Lecanu represented the Council of Health of the Seine. The chief mourners were the three brothers of M. Jobert. The religious services were conducted by the Curé of Lamballe, who went to Paris to render the last offices to the memory of his eminent compatriot. After the ceremony in the Church, the remains were carried to the cemetery of Montmartre, whence they were to be transported to Lamballe, in accordance with the wishes of the family of the deceased. A large cortege, in which was noticed a great number of persons who had been under the professional care of M. Jobert, accompanied the remains to the cemetery.

Several discourses were pronounced at the tomb. The funeral orators were, M. Conneau, Physician-in-Chief to His Majesty, in the name of the medical household of the Emperor; M. Gosselin, in the name of the Faculty of Medicine; M. Legouest, in the name of the Academy of Medicine; M. Arnal, in the name of the friends of M. Jobert.

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A WRITER in the *Union Médicale* on the origin of French medical journalism, states that the first number of the first French medical journal appeared the 28th of January, 1679. Its author was Nicolas de Blegny, and its title "*Zodiacus Gallicus*."

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*Use of the Acupuncture Needle in the Discovery of a Pistol-Ball.* By Dr. GORDON BUCK.—At a meeting of the New York Pathological Society, Dr. Buck stated that he had successfully employed the acupuncture needle in detecting the ball in a case of gunshot wound in a man who had carried a pistol in his fob. The weapon was accidentally discharged, and its contents were lodged in the groin, immediately below Poupart's ligament, and two inches outside of the femoral. On introducing a probe into the wound, it followed a track over the inner condyle and a little above it, and at its bottom a firm body was encountered that was about the size and shape of the missile that was supposed to have been lodged there. This body could be slipped within a certain limit, and its movement would cause pain. Presuming that it was the ball, there was not certainty enough in the diagnosis to warrant an extraction until the acupuncture needle was used. This was passed down in the situation of the deep-seated lump through the tissues, and encountered the foreign body. By certain manipulations it was found to escape from the point of the instrument and roll aside, which fact left no doubt in the mind of the presence of the projectile at that point. It was then cut down upon with a narrow-bladed knife, and removed without difficulty. Dr. Buck remarked that his attention had been first called to

the needle by seeing a published account in some of the medical periodicals of its use by a Scotch army surgeon, whose name he did not recollect. Dr. Buck also stated in this connection that he had employed the same procedure with success in discovering the existence of a calcareous body impacted in the prostate gland. The needle in this instance was curved, and was introduced into the gland upon the finger as a guide. The needle is very fine, and has a trocar point in order to facilitate its entrance into the tissues.—*Ranking's Abstract.*

*On Exercise in Hysteria.* By Mr. F. C. SKEY, F.R.S., Consulting Surgeon to St. Bartholomew's Hospital.—On this subject, Mr. Skey remarks: "Such exercise should be active—neither strolling nor sauntering out of doors, 'to take the air,' as ladies term it, nor gardening, nor lounging about—but adopting a good brisk walk, at a pace of at least three miles an hour, *ever stopping short of fatigue.* People will often tell you they 'take plenty of exercise about the house, and they are on their legs during many hours of the day.' This is fatigue without exercise. What we want for health is exercise without fatigue, for fatigue is exhaustion, and it is to be obtained only on the terms which I have mentioned. I do believe there are many maladies, or at least many forms of indisposition, which, with a strong will, may be walked away, provided the exercise be taken systematically, and rendered a prominent feature in the daily treatment. The distance walked should be increased daily, and a claim made on increasing exertion. I doubt, whether horse exercise, however agreeable, or however stimulating both to mind and body, is equal in sanitary value to exercise on foot.—*Ibid.*

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 11th, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	35	39	74
Ave. mortality of corresponding weeks for ten years, 1856–1866	38.0	37.7	73.7
Average corrected to increased population	00	00	81.33
Deaths of persons above 90	0	0	0

THE readers of the Journal may have noticed that an extra sheet of reading matter was contained in our issue of April 25th. The same plan is adopted this week, to make room for the valuable papers and interesting proceedings which have crowded in upon us.

JOURNALS RECEIVED.—Medical Record, Nos. 28 and 29.—New York Medical Journal for April.—Medical and Surgical Reporter, Vol. xvi., Nos. 14–18.—Medical News and Library for May.—Chicago Medical Journal for April and May.—Cincinnati Lancet and Observer for April.—Nashville Journal of Medicine and Surgery for April.—Southern Journal of the Medical Sciences for May.—New Orleans Medical and Surgical Journal for May.—Pacific Medical and Surgical Journal for March.—Canada Medical Journal for March and April.—L'Union Médicale, Nos. 37–51.—London Lancet (reprint) for April.—American Journal of Pharmacy for May.—Detroit Review of Medicine and Pharmacy for April.—Druggists' Circular for April and May.—Dental Cosmos for April and May.—American Eclectic Medical Review for April.—University Journal of Medicine and Surgery, No. 14–15.—St. Louis Medical Reporter, Vol. ii., Nos. 3–5.—Cincinnati Journal of Medicine for February, March, April and May.—Journal de Médecine de Bordeaux for April.—Atlanta Medical and Surgical Journal for April and May.—Galveston Medical Journal for March.—Buffalo Medical and Surgical Journal for April.—Journal of Materia Medica for April.—New England Medical Gazette for April.—Herald of Health for May.—Hall's Journal of Health for May.

DEATHS IN BOSTON for the week ending Saturday noon, May 11th, 74. Males, 35—Females, 39. Abscess, 1—accident, 2—amputation, 1—anæmia, 2—congestion of the brain, 1—disease of the brain, 5—consumption, 11—convulsions, 3—cyanosis, 1—debility, 2—dropsy, 1—drowned, 1—dysentery, 1—erysipelas, 2—scarlet fever, 5—typhoid fever, 2—gastrotritis, 1—disease of the heart, 5—intemperance, 1—disease of the liver, 1—inflammation of the lungs, 4—old age, 2—peritonitis, 1—premature birth, 3—puerperal disease, 1—purpura, 1—pyæmia, 1—smallpox, 6—unknown, 5—whooping cough, 1.

Under 5 years of age, 24—between 5 and 20 years, 5—between 20 and 40 years, 25—between 40 and 60 years, 11—above 60 years, 9. Born in the United States, 60—Ireland, 15—other places, 9.

# MEDICAL JOURNAL ADVERTISING SHEET.

## STRUMATIC SALT—From Mineral Springs containing

### IODINE AND BROMINE,

Manufactured by the Pennsylvania Salt Manufacturing Company. We would bring to the notice of physicians the virtues of Strumatic Salt in the treatment of Scrofula and other kindred diseases.

It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chlorides of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

The Salt is prepared from the menstruum of Salt-wells of the Pennsylvania Salt Manufacturing Company, and every attention has been given to their purity.

To show the great similarity of the salt which we prepare and now furnish to the public under the name of "Strumatic Salts" with the renowned German waters, those of Kreuznach, we give an analysis of both.

The analysis of the Kreuznach salt is taken from standard chemical works and that of our Strumatic Salt is made by Dr. Otto Wuth, Analytical Chemist, of this city. In both cases the analysis relates only to the dry substance contained in the mineral-liquors

Strum. Salt of Penn. Salt M. Co.	Kreuznach
Silica Sand,	0.0475
Chloride of Iron,	0.1465
" Barium,	0.3336
" Strontium,	0.0039
" Calcium,	57.9737
" Magnesium,	23.6823
" Sodium,	4.0380
" Potassium,	1.2785
Iodide of Magnesium,	0.1413
Bromide of Magnesium,	1.3116
Magnesia,	11.2629
Alumina,	0.0063
Phosphate of Aluminium, trace	0.3200

By comparing the above analyses together, it will be found that the Iodides and Bromides, which are considered the most active agents in all those waters, are in considerably greater proportion in our Strumatic.

The Strumatic Salt is packed in cases—each case containing six air-tight iron boxes, filled with about 1 pound of the salt. For use, one or two pounds are dissolved in a bath with from two to four pounds of common salt.

It is confidently recommended to the attention of physicians for use in all such cases as are usually treated by these remedies.

Sold by Druggists generally.

MERRILL BROS., No. 25 State Street, Boston.  
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Wholesale Agents. New York.

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Dec. 18, 1865.



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May 6-40 to Aug. 1.

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May 2 M. C. WHITE, M.D., Sec'y.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2047.] Thursday, May 23, 1867. [Vol. LXXVI. No. 16.

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STONER will deliver a private course of twelve lec-  
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Ap. 11

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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXVI.

THURSDAY, MAY 23, 1867.

No. 16.

BIGELOW'S OPERATION FOR UNUNITED FRACTURE.

[Continued from page 307.]

CASE V.—FEMUR.

PATIENT, B. H., teamster, aged 27, entered the Hospital March 10th, 1863. Five hours before admission he was run over by a heavy team, the wheel passing over the middle of the left thigh. The whole of the left thigh is greatly swollen and ecchymosed, shortened about two and a half inches. The fracture is perhaps comminuted, and at the middle of the femur. Desault's apparatus was applied.

April 18th.—Comfortable since the last report. Desault's apparatus was removed to-day. Limb in excellent position. There is apparently considerable callus, but the thigh appears flexible at the point of fracture.

21st.—A starch bandage, stiffened with pasteboard, applied to the limb from the middle of the leg to the upper third of thigh.

30th.—He sits up daily.

May 4th.—Upon examination to-day, it was found that there was no union.

6th.—Desault's apparatus re-applied.

7th.—Apply over fracture emplastrum cantharidis (6 by 4).

23d.—No union. Apply extension by weight.

August 1st.—Starch bandage was applied over leg and thigh. *R.* Calcis phosphat., gr. x., 3 t. d.

15th.—The starch bandage was removed, and extension by weight applied.

September 2d.—After a careful examination, it was decided that there was no union at the point of fracture.

8th.—A starch bandage was applied, and he was allowed to sit up.

December 5th.—Patient now came under Dr. Bigelow's care. No union. He was etherized, and a seton passed between the fractured ends of bone and out through the other side of the thigh.

16th.—Profuse discharge from lower wound.

27th.—Seton removed.

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February 2d, 1864.—Discharge from wound diminished. Apparently but little stiffness.

June 4th.—Patient has continued in the same condition since the last record. There is no union. He was etherized, and the ends of the fracture were drilled in several different places.

18th.—There has not been the slightest inflammation in the thigh, produced by the drilling.

July 20th.—There has been no change in the thigh since the last report. The ununited ends of bone are surrounded by a large amount of indurated tissue, which makes it very difficult to get at them. He was etherized, and the ends of the bone were again and more thoroughly drilled. At most parts the bone was quite hard and normal, but at one point it was soft, and on withdrawal the drill was followed by quite a stream of oil from the degenerated marrow. The limb was placed in a straight splint.

November 4th.—There is no stiffness at the point of fracture.

12th.—*Operation by Dr. Bigelow.* The patient was etherized. A long, semi-circular incision was made on the outside and back of the thigh, its convexity downwards, over the ends of the bone, to favor the discharge of pus. The muscles of the thigh were found to be indurated, so that the ends of the bone were turned out with great difficulty. The ends of the bone were smooth, rounded and conical. The periosteum was then turned back for about one inch on each end, and the bones, thus denuded, cut off with a chain saw. The medullary substance was slightly degenerated and fatty. A hole was then drilled through each extremity of the bone, and a wire passed through these holes and twisted, not tight, but leaving a small space between the ends, to allow of sufficient motion to prevent breaking the wire or the bone. The periosteum was then brought together and the wound closed by sutures. The limb was placed in a McIntyre's double-inclined, iron splint, bent at an angle of  $135^{\circ}$ . The operation occupied about two hours, during which time the patient was kept thoroughly etherized. Cold-water dressing.

13th.—He has considerable irritative fever to-day. Pulse 132. Tongue thickly coated. The pain is relieved by acetate of morphia, one sixth of a grain, subcutaneously.

15th.—Much brighter to-day. Pulse 100.

16th.—Suppuration has commenced.

23d.—The leg and thigh have remained until to-day on the McIntyre splint, but the suppuration has increased so much that it requires removal for daily dressing. A pasteboard splint has been moulded to the anterior and inner part of the thigh and stiffened with dextrine; to this the thigh and leg are firmly bound, leaving the wound open. Above this a Smith's anterior splint was applied, by which the whole leg is swung from a framework over the bed.

27th.—The splint works admirably. Less pain. The wound looks well, and is suppurating freely. Appetite good.

December 24th.—The bandages and splints were removed and re-applied. There seems to be considerable stiffening, and the bones are in good position.

January 13th, 1865.—No motion is observed at the point of fracture.

February 12th.—The limb is so firm that it was laid on a pillow, with only pasteboard splints applied.

April 26th.—Under ether, the wire was cut down upon and removed.

May 17th.—He is up and dressed. Appetite and general health excellent. He wears a dextrine bandage for the support it affords him.

June 1st.—He walks about on crutches. The knee is quite stiff.

July 1st.—Wounds entirely healed. The motion in the knee is returning.

12th.—The femur is perfectly firm and free from pain. He was furnished with a thick-soled shoe. Discharged, well.

November 10th.—He came to the Hospital to-day. He is able to walk without the aid of a cane. Not the least motion can be detected in the femur. The knee is flexible.

#### CASE VI.—HUMERUS.

Patient, T. C., soldier, aged 41, entered the Hospital April 15th, 1864. He was wounded by a Minié ball in the right humerus at the first assault on Port Hudson, summer of 1863. The bone was broken at about the junction of the middle and upper thirds, and was considerably splintered. According to patient's account, the surgeon sawed off about an inch from each end, and then approximated the ends of the bones by means of splints, but did not wire them. He was then put in an ambulance, carried fifteen miles over a rough country, then in a steamer for some distance, so that it was two days before he arrived at a hospital. The wound soon healed, but the bones did not unite, and have not since.

April 16th.—*Operation by Dr. Bigelow.* He was etherized. An incision was made over the point of fracture. The ununited ends were forcibly everted. The periosteum was carefully dissected up and reflected, and the denuded ends sawed off. A hole was then drilled through each end of the fragments. A wire was then passed through these holes and twisted. The periosteum was brought together, and the wound closed by sutures. The arm was placed in an outside angular splint.

20th.—The arm has moved from the splint, and is quite out of position, so that the ends of the bones are at a slight angle with each other. The angular splint was removed and the arm placed on a broad straight splint, with two shorter side splints to keep the fragments in place.



23d.—The wound is suppurating freely, and the arm is in good position.

May 2d.—The wound has nearly healed, except at the point where the wires emerge.

June 10th.—Patient walks about the yard, with the arm firmly supported. There is considerable firmness at the point of fracture.

24th.—The arm is stronger. Discharged.

September 17th.—He returned to the Hospital to-day with the arm so strong that he can use it for all ordinary purposes. The wire was removed, and the humerus was found to be perfectly firm.

December 16th, 1865.—The arm is perfectly firm, and for some time he has done a great deal of heavy lifting, such as wheeling coal, without favoring the injured arm in the least.

#### CASE VII.—HUMERUS.

Patient, E. S., female, aged 45, entered the Hospital Nov. 10th, 1864. She had an ununited fracture of the right humerus, the result of a compound fracture received a year and a half previously. Seven months after the accident there was no union at the point of fracture. A seton was passed between the ununited ends, and allowed to remain for a month. Notwithstanding this and other forms of treatment, no union followed. On entrance, there was a fracture of the humerus in its lower third; the ends of the bone were drawn widely apart by the weight of the forearm, unless held in place by an apparatus which she had worn for the previous seven months. She was a large, corpulent woman, with flabby tissues.

November 19th.—*Operation by Dr. Bigelow.* She was etherized. An incision, three inches long, was made on the outer and posterior aspect of the arm, just above the external condyle. The ends of the fragments were then turned out, the periosteum was dissected back for about an inch and a half on the lower fragment, and two inches on the upper. The denuded bone was then sawed off; on the upper fragment by a single stroke of the saw. The bone was much atrophied, softened and degenerated, the holes for the wire being easily made with an awl, and the bony tissue easily cut with a knife. A wire was then passed through the outer sides of the shaft of the bone, and twisted so as to bring the ends nearly but not quite in apposition, lest the tight wire should break the bone. The edges of the wound were brought together with sutures, and the arm placed in an inside angular splint.

P. M.—The arm is so unwieldy that it cannot be sufficiently confined in the inside splint. It was therefore laid on a flat right-angled splint.

27th.—Pulse and appetite good. Wound clean, and suppurating healthily.

December 30th.—R. Calcis phosphat., gr. x., 3 t. d.

January 7th, 1865.—The wire has apparently torn out of the bone. No stiffening at point of fracture.

March 20th.—No union.

April 1st.—Patient was etherized. An incision was made down upon the bone, and the wire was removed. The ends of the fragments were turned out and found so degenerated that they could be easily broken with the fingers. Forearm cedematous and tender.

26th.—The arm was to-day amputated, at the patient's desire. The end of the upper fragment was removed.

May 21st.—Stump has nearly closed.

June 17th.—Discharged, well.

#### CASE VIII.—HUMERUS.

Patient, W. W., carpenter, aged 28, entered the Hospital January 2d, 1865. He had his left humerus fractured, twelve weeks before entrance, by the falling of an elevator in the Pacific Mills. The fracture was simple, and treated in the usual way with splints, but there never had been any attempt at bony union. On admission, there was an ununited fracture of the left humerus at a point a little below its middle. The ends of the fragments were in apposition. R. Syr. hypophosphit., 3 ij., 3 t. d.

January 7th.—He was etherized. A narrow-bladed knife was pricked through the integument and muscles to the bone, at the point of fracture. A small drill was then introduced through the wound, and each end of the bone was drilled in three places. The arm was placed in an inside and outside angular splint.

26th.—On removing the splints, no union was detected.

February 25th.—*Operation by Dr. Bigelow.* Patient was etherized. A straight incision was made through the integument, on the outside of the arm, to the bone. The musculo-spiral nerve was so drawn out of place and embraced by the bone that it was accidentally divided in the blood which welled up from the tissues, still inflamed from the operation of six weeks before. The ends of the bone were dissected from the periosteum, everted and sawed off. A piece, half an inch long, was taken from the upper fragment, and three quarters of an inch from the lower. A hole was then drilled through each end, and a silver-plated, copper wire passed through and twisted. A suture was passed through the neurilemma of each end of the divided nerve and the extremities brought together. Several arteries were tied; the wound was closed by sutures, and the arm placed in an inside angular splint, to which it was first firmly bandaged, and then placed upon a flat angular splint, reaching from shoulder to hand.

26th.—He complains of great numbness over the dorsal surface of thumb and index finger, and has general paralysis of the extensors of the wrist and fingers.

March 3d.—Wound suppurating healthily.

8th.—Hand considerably swollen, and elbow looking angry and

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red. The wound is everywhere open. The suture applied to neurilemma came away to-day. *R.* Pil. ferri iodidi., gr. v., 3 t. d.

16th.—Wound closing.

31st.—Considerable stiffness at point of fracture.

May 6th.—Humerus quite stiff.

25th.—But little discharge from sinus about wires. Appetite and general health excellent.

June 24th.—Under ether, the wire was untwisted and withdrawn. The humerus is perfectly stiff. Sensibility has returned to the thumb and index finger, but motion in all the extensors of the hand and wrist is absent.

March 17th, 1866.—He reported at the Hospital to-day. He has worked at his trade since last August, without inconvenience. Motion in the extensors of hand and wrist has returned perfectly. The humerus is perfectly firm and free from pain.

*Remarks.*—The union of the musculo-spiral nerve, which was completely divided and brought together by suture of the neurilemma, with restored function, is a point of great interest.

#### CASE IX.—HUMERUS.

Patient, T. G., laborer, aged 26, entered the Hospital June 12th, 1865. A year before entrance he was thrown from a hand-car, one wheel of which passed over the middle of the right humerus, inflicting a compound fracture. The arm was placed in an inside angular splint, and kept in position for six weeks. The external wounds healed readily. At the end of this time, the arm was again broken at the original point of fracture and never again united.

June 21st.—*Operation by Dr. Bigelow.* An incision, three inches long, was made on the outer aspect of the arm, over the seat of fracture. The musculo-spiral nerve was then sought, carefully dissected in its sheath from the bone, and turned aside. The periosteum was stripped back from the end of each fragment. A piece, half an inch long, from the lower, and three quarters of an inch from the upper bone, was sawed off. The ends were then drilled on the outer side, and a silver wire passed through; the ends of the bone were placed in apposition, and the wire twisted by four half turns. The arm was placed in the same apparatus as that used in the previous case. The edges of the wound were brought together by sutures.

23d.—Apparatus re-applied. The bones are in good position. Some œdema of the arm.

27th.—Suppuration is established. *R.* Calcis phosphat., gr. x., three times a day.

July 3d.—The arm is much swollen about the wound, and covered with an erysipelatous blush. He complains of some headache and nausea. *R.* Quiniæ sulphat., gr. ij., three times a day.

10th.—The swelling and redness have disappeared. No union at point of fracture.

28th.—An outside angular splint was applied, the arm supported by a leather sling, and he was allowed to sit up.

August 7th.—Apparatus removed and re-applied. There is slight stiffening at point of fracture.

22.—Only slight motion can be detected in the humerus.

September 11th.—The arm is stiff, but he complains of pain at the seat of fracture when it is examined.

November 4th.—All discharge and soreness having disappeared, and the humerus being perfectly stiff, a pair of curved scissors were thrust down, the wire cut close to the bone, and easily withdrawn.

December 15th.—The humerus is firm. Discharged, well.

#### CASE X.—HUMERUS.

Patient, W. M. W., carpenter, aged 33, entered the Hospital January 26th, 1866. He was wounded with a minié ball at the battle of Gettysburg, and suffered a compound comminuted fracture of the right humerus. July 5th, the bone was resected and about three inches removed. The wound healed in five months after exfoliation of the sawn extremities of the humerus. No attempt was made to keep the bones in apposition, and no union was obtained. He resumed duty and served out his full time with his regiment. The wound has never re-opened or caused him any trouble. Now several inches of the middle of the right humerus are gone, and the two extremities can be felt, pointed and considerably absorbed. The whole arm is quite small from disuse. The motion in the shoulder and elbow is perfect, but the arm hangs useless from the loss of substance in the shaft of the humerus.

January 27th.—Operation. Being temporarily disabled, Dr. Bigelow requested Dr. Hodges to perform the operation. Patient was etherized. A longitudinal incision was made over the ends of the fragments. The end of the lower fragment was then everted; the periosteum was carefully detached for a sufficient distance and turned back, and half an inch was sawn off from the end of the bone, which was firm and healthy. The upper fragment was treated in the same way, but the end, three quarters of an inch of which was removed, was degenerated and quite soft. These ends were then drilled; silver wire was inserted and the ends approximated, leaving a small interval to allow slight movement. The periosteum was returned to its place, a few vessels were tied and the external wound partly closed by sutures. The arm was placed in an internal angular splint. Water dressing.

30th.—The arm is in excellent position. Suppuration is beginning.

February 21st.—A large abscess above wound evacuated itself to-day.

March 11th.—He walks about every day. Apparently some stiffening at the point of fracture.

17th.—An abscess is forming on the inner aspect of arm.

20th.—The abscess was opened and discharged freely.

31st.—The humerus is quite firm. He was discharged to-day, to return once a week.

April 27th.—Scarcely any motion can be detected at the point of fracture.

May 23d.—An incision was made down upon the wire, which was cut and withdrawn. The union of the fractured ends is firm. The apparatus was removed. Patient returned to work.

#### CASE XI.—HUMERUS.

Patient, P. M., laborer, aged 23, entered the Hospital, January 12th, 1867. He was wounded at the battle of Cedar Mountain, 1862, by a musket ball. The left humerus was shattered at a point a little above its middle. The small pieces of bone were removed; the ends sawed off and the fragments approximated. Six months later there was no union; the ends were again sawed off and the bones wired together. At the end of two weeks the wire was removed. In October, 1864, a number of pieces of necrosed bone were removed from the seat of fracture; there was no union. In November, 1865, he entered the Hospital. The left humerus had a false joint at its middle. There was necrosed bone at the bottom of a couple of sinuses in the lower fragment. An incision was made over the fracture; the periosteum reflected and the ends of the bones sawed off. In March, 1866, there was no union. March 31st, Dr. Bigelow again operated. The periosteum was detached from both fragments for a sufficient distance; about one and a half inches was sawed off from the lower and one inch from the end of the upper fragment. The ends were drilled, silver wire inserted, and the fragments placed in apposition. The periosteum was then replaced and its edges united by sutures. April 28th, the arm had stiffened at the point of fracture. June 10th, he fell upon the arm and broke it. July 15th, he was discharged with an ununited fracture, to return when the arm looks and feels better.

January 12th, 1867.—*Operation by Dr. Bigelow.* Patient was etherized. An incision, three inches long, was made over the outer aspect of arm and carried carefully down to the point of fracture. The two ends were found to be much roughened. Great difficulty was experienced in everting the ends of the now short fragments and in detaching the periosteum. The bone was finally separated from the periosteum for a sufficient distance, and a piece, one inch long, sawed from the upper, and one, three quarters of an inch long, from the lower fragment. The lower fragment was two inches in diameter; the upper one was of normal size but with fatty degeneration of the marrow. A hole was drilled through the sides of both fragments; a silver wire was inserted; the ends were placed in apposition and the wire twisted. The periosteum was replaced

and its edges united by sutures. The external wound was partly closed by sutures. A folded towel was placed in the axilla to lift out the short upper fragment, and the arm secured to the side, the forearm across the chest.

13th.—There is almost complete paralysis of the extensors of the fingers of the left hand. No nervous trunk was known to have been divided in the operation, and the paralysis is perhaps due to a compression of the nerve in very forcibly everting the shortened fragments.

21st.—The arm was placed in an apparatus, which consists of a firm cap about the shoulder, secured by a strap around the chest; this is made firm by two steel bridges to a splint that invests the forearm like a coat sleeve.

27th.—The arm remains in excellent position. The power of extension is returning to the fingers.

February 3d.—The wound is contracting by healthy granulation.

6th.—Slight stiffening at point of fracture.

16th.—R. Calcis phosphat., gr. x., 3 t. d.

March 4th.—Allowed to walk about.

April 16th.—The humerus is quite firm at the point of fracture. He flexes the forearm and raises the humerus from the side freely.

22d.—Discharged, probably well, although sufficient time has not elapsed to determine the fact.

*Remarks.*—As will be readily inferred, this humerus was materially shortened by these consecutive operations, two before entering the Hospital, and three subsequently by Dr. Bigelow. In fact, by measurement it was *seven inches* shorter than its fellow, yet the biceps and triceps were fulfilling their functions, and the patient was regaining excellent motion. There can be no comparison in the value of an arm of this sort, however short, and an ununited humerus. In the first operation and during the existence of undefined necrosis, the bony tissue of the substance of the lower fragment was of a reddish hue, and of a dense, brittle and amorphous texture, sometimes to be observed in the denuded walls of the cavities of sequestra, when chiselled. At the end of about a year, at the next operation, when the probe no longer detected dead bone, the operator was agreeably surprised to find that this tissue had given place to a comparatively healthy one, with cancellated interior.

#### CONCLUSIONS.

1. This operation is a successful one.
2. Though not a trifling operation, it is not dangerous.
3. In the operative procedure the points deserving attention are, the *incisions*, which should be arranged for the free escape of pus. The *periosteum*, which is not to be detached from the muscles, and which, after incision, is best torn out from the rugous inequalities of the bony extremity, and subsequently attached by suture or not.

The excision of at least a quarter of an inch of sound cylindrical bone, besides the irregular and tapering end. The wire, which should not be twisted too tightly, lest it break out of the bone.

4. The wire may be left in place indefinitely without danger of necrosis; and usually until union has unequivocally taken place; a period of from two to six months.

5. Burrowing pus is to be evacuated, when it approaches the surface, so that the wound will ensure it free and permanent exit.

6. The patient is to be invigorated by such food as he bears, fresh air, and other stimulus if required.

7. The operation may be repeated if it fails, but only after several months' interval.

#### RECAPITULATION.

Case.	Bone.	Causes of Injury.	Duration.	Wire remained.	Result.	Remarks.
1	Humerus.	Arm caught in a splitting machine.	3 years.	4 mos.	Well.	*Seton; blisters; rubbing ends of bone together; excision of ends of fragments.
2	Radius.	Arm caught in machinery.	4 years.	2 years.	Well.	
3	Humerus.	Arm caught in a hand-car crank.	8 months.	6 mos.	Well.	*Rubbing ends of bone together.
4	Humerus.	Arm caught by a revolving shaft.	1 year.	2 mos.	Well.	
5	Femur.	Crushed by a heavy team.	20 mos.	5½ mos.	Well.	*Blisters; seton; drilling ends of fragments twice.
6	Humerus.	Gun-shot wound.	11 mos.	5 mos.	Well.	
7	Humerus.	Compound fracture.	18 mos.	4½ mos.	Amputation.	Softening of the bone.
8	Humerus.	Arm struck by a falling elevator.	5 mos.	4 mos.	Well.	*Drilling ends of fragments.
9	Humerus.	Crushed by wheel of hand-car.	1 year.	4½ mos.	Well.	
10	Humerus.	Gun-shot wounds.	5 years.		Well.	*Excision of ends of fragments; excision of ends and wiring fragments; two operations by Dr. Bigelow.
11	Humerus.	" " "	2½ years.	4 mos.	Well.	*Excision of ends of fragments.

\* Previous operations, which had failed.

[To be continued.]

DR. J. B. S. ALLEYNE, one of the Editors of the *St. Louis Medical Medical Reporter*, has recently been elected Professor of Materia Medica and Therapeutics in the St. Louis Medical College; and Dr. F. McArdle Professor of Chemistry in the Humboldt Medical College, in the same city.

**Reports of Medical Societies.****AMERICAN MEDICAL ASSOCIATION.**

(Continued from page 322.)

*Banquet at Melodeon Hall.*—Out of the usual routine on occasions of conventions, political, professional or otherwise, the Committee of Arrangements very happily conceived the idea of feasting the members of the American Medical Association here assembled for its eighteenth meeting, before business should press its cares upon the heart and dull the appetite for social pleasure.

Accordingly, a sumptuous banquet was spread in the highest style of Keppler's art, on the evening of the 7th inst., and the members of the Association, numbering over two hundred and fifty, with nearly as many more invited guests, partook of the luxuries, heaped upon the dazzling tables with bewildering beauty. Bouquets of natural flowers graced every dish and confection, and filled the hall with mingled perfumes which nature alone can produce from her mystic laboratories. Sparkling Catawba flowed bounteously, and a superb band discoursed "most eloquent music." Nearly all the celebrities of Cincinnati were present, and did full justice to the city in welcoming to its hospitalities, public as well as private, the distinguished gentlemen whom the highest interests of humanity call hither at this time for communion and council.

After enjoying the bountiful feast to the utmost, Mayor Wilstach was called upon for a speech, and responded in the following :—

"GENTLEMEN OF THE MEDICAL FRATERNITY.—I take pleasure in welcoming you to the chief of Western cities, and in tendering to your collective body its hospitalities. The noble mission upon which you have convened, namely, the advancement of medical science in general, commensurate with the literary and material progress of which, as citizens, we boast, is indeed a labor to enlist the sympathies of any one who has the welfare of this city and its people at heart.

"The progress in surgery and hygiene during the last few years is so important that the deliberations of a congress such as yours can scarcely fail to attract a wide-spread attention, not alone from those whose pursuits lie in the same, or other departments of science, but to a great extent among cultivated portions of those engaged in the ordinary avocations of life.

"The tendency of mankind to gather into cities seems augmented each recurring year, notwithstanding the known greater healthfulness of suburban and rural populations. This and the recurrence of fatal epidemics demand the most enlightened sanitary provisions, and should, as indeed they do, render your discoveries the most welcome contributions to the sum of human knowledge.

"I do not propose to occupy your attention at length, but rise to express in behalf of the city of Cincinnati, of which I am to-night the representative, the heartiest welcome in her power to bestow."

The first toast of the evening was announced by Dr. John A. Murphy: "The Legal Profession," which was responded to by Judge Bartley. The gentleman said that he felt grateful for the honor conferred by calling him to respond to the toast, and felt his incompetence to do the subject justice before a body as learned as the American Medical Association. When he spoke publicly it was in a case for a client and a fee; before this body he felt how little he knew, and nothing could induce him to do so but the very flattering call and his desire to pay his tribute of respect to the profession of medicine, which was



linked to that of law. It was his experience within a few years to save the lives of two persons with the science of medicine as his aid. It would be a piece of vanity, however, in him to address the body of gentlemen before him on the present occasion, because he could tell it nothing it did not already know. He concluded with again thanking the gentlemen for the honor of the call.

Dr. Murphy announced, "The Legislature of Ohio," and called for Donn Piatt to respond, who made a humorous speech.

Dr. Murphy next announced, "The absent Southern members," and called on Dr. Pallen. That gentleman responded by saying that he recognized with exceeding pleasure the desire to extend the right hand of fraternal love to his brethren of the South. He felt that if they were present they would say that a more fitting expression could not be made than this.

Here in Cincinnati, with the sublime influence of the departed Drake radiating its light, here with every noble thought breathing around us, we of the South, few though we are, thank you for this brotherly welcome. It was the speaker's fortune a year ago to say that if a common enemy assailed our country the men of the South would to a man as cheerfully follow the stars and stripes as ever they did the "stars and bars;" that they would rally proudly under the old flag and march to the tune of "Hail Columbia." [Three cheers given.]

"We feel that this is a scientific brotherhood, that the past is better buried, and that although the South cannot offer the same princely hospitality, it bids you heartily and sincerely welcome to her homes, one and all, often and always. [Applause.] The South has her names, proud in professional honors, who are leading a host to victory, not to one purchased with blood, but to one as glorious as ever was won on the field by it. She has her Marion Sims, of Alabama, who, with Gross, and Storer, and Mendenhall and others, marches in the front ranks of our glorious profession!

"Let us forget the past, let us rejoice in the present, for I believe that is the sentiment of the entire South, and I glory in the belief of it." [Applause.]

Music, "Hail Columbia," by the band.

Dr. Murphy announced next, "The Medical Corps of the United States Navy." Responded to by Dr. Pinckney. He was happy to respond to the noble sentiment. He extolled the matchless genius of McClellan, and was proud to see before him men equal to any duty devolving upon enlightened mankind. The present occasion was particularly felicitous—it was the first to reweave the broken links in the fraternal chain. The hearty welcome was warm as the impulses of the generous hearts that gave it.

He was proud to think that the starry flag floated over every inch of American soil, and proud to think that it was no figure merely that the sun grows weary rising and setting on American domain. [Applause.] He was proud that the Constitution was preserved intact, and was only the grander because maintained in all its original power. [Applause.]

Music—"Star-spangled Banner."

Dr. Murphy next announced, "Our members from abroad: known as well in America as in Europe."

Professor Gross was called for, but did not respond. Lt. Governor

Cox, of Maryland, being called, responded in a humorous anecdote about the preachers dining on a fish till nothing was left for the Baptist minister but the "drawn butter." He was like the Baptist minister, he had only the butter left, but he felt a good deal like the Scotchman who had been drinking a few punches, he "did'na ken what he said himsel, an' ken'd no one else did."

Notwithstanding this, the gentleman delivered a very felicitous speech, full of noble sentiments in praise of the medical profession. He related the fact of his attendance at a medical convention in England, and seeing there men whose names are famed the world over, yet it only made him proud to think of the American Medical Association. He would give, in conclusion, the sentiment, "The American medical profession, may it live forever."

Dr. Murphy announced next, "The Hub of the Universe," and called for Dr. D. Humphreys Storer, of Boston, who responded. The pith of his response was that he could scarcely realize that in seventeen years this grand out-growth of intelligence and influence was manifest. It made him happier and better to meet members of the profession from all parts of the country, and he hoped these re-unions of professional brotherhood would obtain and increase. He cared little for the scientific proceedings—they were not as necessary as the cultivation of fraternal relations. He pledged himself, if God spared him, to meet the Association wherever it next assembled, whether in New Orleans or Sacramento. He was happy to see friends from the South, and would always be happy to see them. [Applause.]

The old men were passing away, the young must take their places, and he hoped when he, as one of the old ones, was gone, that the same kindly feeling would be cherished and manifested. [Applause.]

Dr. Murphy announced, "The Profession of New York," which was happily responded to by Dr. Sayre of that city. He said the profession of New York were actuated by the same noble motives as that of other cities, and it could proudly point to the names of Mott, Francis, Manly, and others who have passed away and left a glorious record. Among her living men there are noble workers; he hoped they would leave as great a name. He was not a good speaker, he said, but was considered a pretty good talker. He would therefore be excused from further remark except to express his pleasure at finding here Southern brethren in the profession of medicine, whom he was glad to take once more by the hand. [Applause.]

Mr. T. Buchanan Read was called and made a brief and felicitous speech, and after a few volunteer toasts and responses, the delighted company of gentlemen broke up and left the festive scene at midnight.

In the printed list of delegates present, the only names from New England are those of Drs. D. Humphreys Storer, H. I. Bowditch, H. R. Storer, and M. C. Green, of Boston; Drs. Thaddeus Phelps of Attleboro', Augustus Mason, Brighton, John Appleton, Cambridgeport, Walter Burnham, Lowell, George Atwood, Fairhaven, John R. Bronson, Attleboro', Massachusetts; and Dr. George E. Mason, of Providence, R. I.

#### SECOND DAY.

The American Medical Association met at Hopkins's Hall at 9 o'clock, and resumed its business.

Minutes of the first session were read and approved.

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On motion, the following gentlemen were proposed, and voted members of the Association by invitation :—Drs. J. Taylor Bradford, Augusta, Kentucky; John P. Phister, Maysville, Kentucky; W. L. Atkins, George H. Whitney, A. B. Duke, M. L. Forsyth, Paul Rankin, Kentucky; M. W. Junkiss, Galen Hart, E. P. Harrison, Ohio; D. R. Greenley, Meadville, Pennsylvania; Fred. Wolf, Concord, Maryland; E. B. Harrison, Napoleon, Ohio; B. F. Hart, Marietta, Ohio.

*Committee on Nominations.*—Delegates from the several States presented the following as a Committee on Nominations for Officers :—Vermont, J. N. Stiles; Massachusetts, H. R. Storer; Rhode Island, O. Bullock; Connecticut, B. H. Catlin; New York, E. Elliott; New Jersey, Samuel S. Clark; Pennsylvania, J. L. Atlee; Delaware, F. H. Askew; Maryland, J. J. Cockrill; West Virginia, J. C. Hupp; Ohio, J. P. McIlvaine; Kentucky, D. W. Yandell; Indiana, J. S. Bobbs; Illinois, H. A. Johnson; Michigan, A. B. Palmer; Iowa, J. C. Blackburn; Missouri, B. F. Shumard; Texas, Dr. Hurd; District of Columbia, J. Elliott; United States Navy, N. Pinckney; United States Army, J. J. Underwood; Wisconsin, N. Dalton; Kansas, John Parsons; California, T. M. Logan; Tennessee, U. A. Atchison.

The Secretary read a letter from Prof. Alden March, presenting to the Association photographs of all its Presidents, a copy of which he transmitted to the proper officer for deposit in the archives. He also said he would add to the collection in future. The donation was accepted.

*Report of Delegates to the Foreign Medical Association.*—The report of the Committee on the above was read by Dr. C. C. Cox. Report referred to the Committee on Publication.

The Chair appointed the following delegates to the Foreign Medical Association for the present year :—B. Fordyce Barker, New York; John E. Tyler, Massachusetts; Thomas C. Brinsmade, Troy, N. Y.

*Reports of Committees.*—The report of Dr. Walker, who presented Dr. Ray's report on Insanity, was made the special order for Thursday, at 10 o'clock, A.M.

The Chair announced the Committee on Medical Rank in the United States Navy as follows :—N. S. Davis, Illinois; J. M. Toner, District of Columbia; S. D. Gross, Pennsylvania; J. J. Cockerill, Maryland; H. F. Askew, Delaware.

Dr. Gross read his report on Medical Education. The report is lengthy, and is an embodiment of the action of the Medical College Convention, already published.

Dr. Davis read a summary of the proceedings of the Convention of Medical Teachers, for the information of the Association. He stated that the discussions were most thoroughly conducted, and were characterized by the best of feelings. He read at length the report of the Business Committee.

The report was, on motion, referred to the Committee on Publication.

The Committee on Prize Essays reported the reception of eight essays, and the selection of two. That selected for the First Prize was "On the Cause of Intermittent and Remittent Fevers"—the motto of which was "*Fortis est veritas.*" The Second Prize was assigned to an essay "On the Treatment of certain Abnormities of the Uterus," the motto being "Empiricism in medicine and surgery is fast giving way to the rationalism of true diagnosis."

The envelopes enclosing the names of the successful competitors were then opened, and the following announcements made:—First Prize—To J. R. Black, M.D., of Newark, Ohio. Second Prize—To Montrose A. Pallen, M.D., of St. Louis, Mo.

Report referred to Committee on Publication.

Dr. Sayre, of New York, offered the following:—

“*Resolved*, That this Association most cordially approve of the whole action of the Convention of Delegates from the Medical Colleges, assembled in Cincinnati, May 3d, 1867, and urge its practical adoption by all the medical colleges in our country.”

After a brief debate, in which Drs. Post, Davis and Lee participated, the motion was carried.

It may be stated here that the report of the Treasurer, read yesterday, showed the Association to be in debt \$196, and that from year to year this condition is the same.

Dr. Stillé presented the report of the action of the Convention of Medical Teachers held at the Medical College, which was received.

Dr. Atkinson called up the resolution abolishing the payment of prizes in future.

Dr. Davis objected to the passage of the resolution, which virtually repudiated the payment of future prizes. As the treasury would soon again be full, he would call the attention of the Association to the fourth section of the by-laws. He considered that the transactions called for more original papers at the expense of bulk. The matter should be better, even if the volume be smaller.

Dr. Bibbins, of New York, called attention to a parliamentary point. He favored a more careful consideration of the subject.

Dr. Bronson, of Massachusetts, was opposed to prospective action.

Dr. Atkinson called attention to the fact that the Committee were last year obliged to hold themselves personally responsible for the debt. He said that the present funds of the treasury were even now insufficient to print the matter already in their possession.

Dr. Bronson thought that the fault lay with the different sections, who did not exercise the requisite discrimination.

Dr. Bibbins called the attention of the Chair to the fact that the resolution was in conflict with the by-laws.

Dr. Toner considered that assessments would meet all the necessities of the case. He offered the following:—

“*Resolved*, That all members yearly pay five dollars, and that the names of those failing to pay, at the end of three years, be designated in the catalogue by a star or cross.”

Dr. Sayre moved as an amendment, that the proposed action of the Association be published in the various medical journals.

After a spirited debate, in which several delegates joined, a motion of Dr. Davis to lay the original motion on the table prevailed.

Dr. Robbins offered the following:—

“*Resolved*, That hereafter the Committee of Arrangements be directed to have the ordinances governing the Sections printed on slips and distributed at the several places where the Sections meet.” Carried.

The following papers were read and disposed of:—Observations on Diseases of the Throat, as seen in the Military Service, from 1861 to 1865. By Professor M. K. Taylor, M.D. Referred to Section on Practical Medicine.

A Novel Case of Lithotomy. By Dr. E. Whinney, of Iowa. Referred to section on Surgery.

Ligature of the Subclavian Artery. By Willard Parker, M.D., of New York. Referred to Section on Surgery.

The Secretary read a communication offering amendments to the Constitution, which was laid over for one year, as provided for by the Constitution.

A paper was read by Dr. B. Howard, of New York—before the Surgical Section of the Academy—entitled "Ligation, with depletion, of Varicose Veins of the Leg, with a case."

Dr. Cox presented advance proof-sheets of "Provisional Nomenclature of Disease," which was published in London. Referred to section on Practical Medicine. Also another "On Compulsory Vaccination," by Dr. A. N. Bell, of Brooklyn, N. Y., was presented by deputy, and, on motion, referred to Committee on Hygiene.

Dr. Hammar, of Missouri, offered certain resolutions bearing upon certain irregularities in the profession, which was referred to Committee on Medical Education.

Dr. Gilbert, of New York, exhibited an instrument for the protection of the periosteum in excisions, &c. Referred to Section on Surgery.

Dr. Post read the report of the Committee on Medical Literature, in which he gave certain bibliographical items.

[To be concluded.]

### **Bibliographical Notices.**

*Modern Inquiries: Classical, Professional and Miscellaneous.* By JACOB BIGELOW, M.D., late President of the American Academy of Arts and Sciences, and late a Professor in Harvard University. Boston: Little, Brown & Co. 1867. 12mo. Pp. 379.

It is hardly possible to overestimate the great influence for good that Dr. Bigelow has exerted on the theory and practice of medicine for the last half century—an influence to increase in its progress through centuries to come. It is not too much to say that the essay on Self-Limited Diseases alone of itself has revolutionized the practice of medicine in this country, and is rapidly extending its conquest over the whole civilized world. Well has "an eminent Philadelphia physician recently said that he would rather be the author of this essay than the victor of Waterloo," for it evinced greater personal abilities, and will give a watch-word to the nations long after the latter shall be forgotten.

The volume now published contains enduring monuments of other signal victories in the advancement of education, literature, and science, and in correcting the unjust judgments of mankind in many matters of greatest importance to their well-being. It is one of the most valuable books ever issued from the press, and fully justifies the title recently given to its author of *THE AMERICAN HIPPOCRATES*. \*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, MAY 23, 1867.
 

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## ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

THE successful experiment of last year, by which the Annual Meeting of our State Medical Society was extended through two days, may be said to have opened a new era in its history. It had long been felt that a single day was entirely insufficient for anything more than the usual business of the occasion and the mutual greetings of brethren, who met to renew their old friendships and exchange friendly salutations after a year's separation. It was felt that something more was due to medical science; and it is agreed, on all hands, that the addition of another day for the special purpose of hearing communications on professional subjects was an entire success. Old as our State Society is, it was behind many of its sisters in other States in this particular, and we are only glad that it was willing to learn wisdom from its juniors. We are reminded that the time is close at hand for this interesting anniversary, and we wish thus early to call the attention of our professional brethren to it, hoping that they may thus be enabled to make their arrangements in season, so that the present meeting may be as fully attended as its promised attractiveness deserves. The meeting will be held on Tuesday and Wednesday, the 4th and 5th proximo, at the Hall of the Massachusetts Charitable Mechanics' Association, at the corner of Bedford and Chauncey Streets. The building will be open for the convenience of members at 9, A.M., of the 4th, and the papers which have been prepared for the occasion will be read at the same place at 12, after the visits to the Hospitals. The following papers will be read:—

1. On the Treatment of Fractures of the Neck of the Femur. By Dr. Henry G. Clark.
2. The Lessons of the War to the Medical Profession. By Dr. George Derby.
3. The Nature and Treatment of Acne. By Dr. James C. White.
4. On the Use of Bromide of Potash in Fever. By Dr. William Cogswell, of Bradford.
- On the Anatomy and Physiology of the Ciliary Muscle in Man. By Dr. B. Joy Jeffries.
6. Pathology and Treatment of Vaginal Cystocele. By Dr. John Homans, Jr.
7. Effect of Condensation of Population on Life. By Dr. Edward Jarvis.

The afternoon will be devoted to the further reading of papers, and discussion upon them.

The usual business meeting of the Society will be held on the 5th, and the usual order of proceedings will be followed. The annual discourse will be delivered at 1 o'clock, by Dr. H. B. Wakefield, of Reading. The anniversary dinner will be served in the *Music Hall*, in Winter Street, at 2.30, P.M., and we feel sure that the arrangements made will secure as agreeable an occasion as that of last year. Dr. Henry W. Williams, of Boston, will preside as Anniversary Chairman. As an additional inducement to our more distant brethren to

come to the meeting, we would state that arrangements are being made with the different railroads leading out of Boston for return tickets without additional expense.

*Cephalic Version.*—We find the following statistics on cephalic version, an operation rarely done in this country, in the *Cincinnati Journal of Medicine*, in an article by Dr. M. B. Wright:—

The *Gazette Médicale de Paris*, of February, makes the following synopsis from the *Wurzbürger Medicinische Zeitschrift* (edited by Bamberger and Scanzoni). The article is from the pen of O. V. Franque. We translate from the *Gazette Médicale*:—

"Cephalic version is less dangerous, both for the mother and the child. In the Duchy of Nassau, during a period of seventeen years (1843 to 1859), of 247,570 births, cephalic version was performed 34 times for trunk presentations: of these 34 cases, 27 children were born alive; and in no instance did any accident occur to the mother. Podalic version was performed in 1852 cases, during the same period, and only 795 children were saved. And of the mothers, 106 died. The superiority, therefore, of cephalic version is beyond dispute; the mortality, as regards the child, by the latter method, being but twenty per cent., whereas, by podalic version, it was fifty-seven per cent. As regards the mother, the difference in its favor is still more striking. According to the author, too much restriction has been placed upon cephalic version, too many conditions prescribed (such as mobility of the child in the uterine cavity, the head being near the superior strait, the regularity of the labor, an ample pelvis, no prolapsus of the cord, or protrusion of any portion of the fetus). O. V. Franque insists that the only contra-indications to the performance of cephalic version are: 1st, an abnormal form of the uterus, which may be ascertained; 2d, the death of the fetus; 3d, whenever, from any cause, it may be necessary, for the safety of the child, to expedite the labor."

The above article, on cephalic version, will be highly gratifying to the advocates of that method of aiding labor and saving life. In Germany, it has long been practised.

In this connection, the senior Editor would take the opportunity to report a case of cephalic version which occurred in his own practice several years since. The patient had a short antero-posterior diameter, and, with one exception, all of her previous six labors had been difficult, requiring craniotomy, or the forceps, or delivery by the feet. In two instances premature delivery had been brought on at the seventh month. In the present instance, the presentation was of a hand and foot. The child had been carried to the full term of pregnancy, and had probably assumed its abnormal position about three weeks before delivery, when the mother was awakened at night by a sensation of "something giving way inside of her," which had left her in an uncomfortable condition from that time. The uterus was enormously distended with liquor amnii, and the unbroken membranes protruded in a firm, hard tumor, far down into the vagina, even during the interval between the pains. It was determined to try cephalic version, even if the delivery should require completion by the forceps; as the previous child had been delivered by the feet and was stillborn, while one previously delivered by forceps had been born alive and did well. The hand was accordingly passed up, between the uterus and membranes, as far as the body of the child. Preparations were made for the expected rush of waters; the membranes, which were quite strong, were ruptured by the thumb, and a sudden effort was made to reach the neck or head, which were pretty high up. The flow of waters was very great, filling a large chamber vessel, as much more escaping

over the bed and floor. The great distension of the uterus made it somewhat difficult at first to reach the head, especially as the uterus did not at once follow up the discharge by active contraction. By the aid of the left hand, however, pressed upon the abdomen of the mother over the child, it was at last reached, brought down and kept in place until the womb closed upon it enough to keep it there. The gush of waters also brought down the cord; but this was easily kept back by the hand in the uterus until the head fell into its place. As was anticipated, the subsequent delivery of the child required the forceps, although the uterine pains were extremely powerful, the contraction at the brim being insuperable without them. The child was stillborn, but was living at the time the head entered the brim.

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*Bristol (South) District Medical Society.*—The annual meeting of this Society was held in the Common Council Chamber in New Bedford, Dr. F. D. Bartlett in the chair. The following officers were elected for the ensuing year:—*President*—John H. Mackie, of New Bedford. *Vice President*—John H. Jennings, New Bedford. *Secretary, Treasurer and Librarian*—F. H. Hooper, New Bedford. *Councillors*—W. W. Comstock, Middleborough; George Atwood, Fairhaven; Jerome Dwelley, Fall River; F. D. Bartlett, Dartmouth; John Pierce, Edgartown; John H. Mackie, New Bedford. *Censors*—F. H. Hooper, New Bedford; P. F. Doggett, Wareham; John Spare, New Bedford; Joseph Haskell, Rochester; I. Smith, Jr., Fall River. *Commissioner on Trials*—Andrew Mackie, New Bedford. *Committee of Arrangements*—F. H. Hooper, New Bedford; J. Dwelley and E. T. Learned, Fall River. Dr. Spare was appointed orator for the next annual meeting.

After the transaction of business, Dr. Charles Sturtevant, of Rochester, the orator of the occasion, delivered a carefully prepared and able address on *Veratrum Viride*; its History, Medical Properties and Therapeutic Uses. The thanks of the Society were voted to Dr. Sturtevant.

Dr. C. D. Prescott, of New Bedford, was appointed essayist for the next semi-annual meeting, and it was voted to hold the meeting in Fall River.

The subjects selected for discussion—the Decay of New England, and Consumption—were laid over till the semi-annual meeting.

The remainder of the time was taken up with reports of cases; and at 2 o'clock the Society adjourned to the Parker House, where an excellent dinner had been prepared.

At a meeting of the board of Censors, Henry Johnson and Charles D. Prescott, of New Bedford, and John B. Whitaker, of Fall River, were admitted members of the Massachusetts Medical Society.

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*The Peabody Charity.*—The trustees of the Peabody fund for the poor of London have made their annual report for the year 1866. It appears that the original fund has been increased by the earnings of interest and rent to the extent of £15,416 8s. 11d., making the sum total of the trust at the end of December, 1866, £165,416 8s. 11d. The buildings continue to be fully occupied, and the tenants are reported to be happy and prosperous. That which is of special interest in this country, however, is the statement that the whole number of adult deaths in a population of seven hundred has been only seven, and of these, three died from consumption and two from old age and general infirmity. During the unhealthy season, when cholera and other prevailing diseases infested the vicinity of the buildings, both at Spitalfields and Islington, one case of cholera in the former only occurred, and its contraction and fatal termination were mainly ascribable to imprudence and neglect on the part of the patient. The mortality among children amounted to 23, but it is said that nearly all these deaths occurred among families newly admitted, and most of which had previously resided in crowded and unhealthy localities. It is to be hoped that the great success of this experiment may encourage similar enterprises in this country.



Four blocks of buildings, affording accommodations for 195 families, have just been completed at Shadwell, and named, like those at Islington, Peabody Square. Rooms for four hundred families, or 2000 persons in all, will thus be provided. Besides this, there is a fund of £100,000, a supplementary gift, which is not to be touched till the year 1869.—*Boston Daily Advertiser*.

*Virginia Opium*.—The specimen of Virginia opium exhibited to the American Pharmaceutical Association contained 4 per cent. of morphia and 3.5 per cent. (approximately) of narcotina. It becomes a matter of interesting inquiry to ascertain how far the results, in the production of this opium, would be modified by a particular mode of culture, and the character of soil and season, as it is altogether probable that its morphia-yielding quality is in a great measure dependent upon a combination of these circumstances.—*Proc. Amer. Phar. Assoc.*

*Expulsion of Mr. J. Baker Brown from the Obstetrical Society*.—The name of Mr. J. Baker Brown, of clitoridectomy notoriety, was stricken from the list of Fellows of the Obstetrical Society of London, at a meeting of the Society on the 3d of April.—*Medical News and Library*.

*The New Hampshire Medical Society* will hold its seventy-seventh annual meeting at the City Hall, Manchester, on Tuesday, June 4th, at 3 o'clock, P.M.; President's Address at 8 o'clock. Meeting to continue two days. The Council meet at the same place at 2, P.M.

*New Medical Baronet*.—Mr. William Lawrence, the eminent surgeon, has had the honor of a Baronetcy conferred upon him.

M. PASTEUR states that it is an error to suppose that a temperature of 167 deg. Fahr. is sufficient to destroy organic germs; 230 deg. to 238 deg. is the temperature required.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 18th, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	30	39	69
Ave. mortality of corresponding weeks for ten years, 1856—1866	36.4	36.6	73.0
Average corrected to increased population	00	00	81.3
Deaths of persons above 90	0	0	0

COMMUNICATIONS RECEIVED.—Examination of the External Auditory Passage. By Henry L. Shaw, M.D.—Medical Botany of Norfolk County. By Josiah Noyes, M.D.—Ear Douche, a new instrument for cleansing the Ear. By Edward H. Clarke, M.D.—Three Cases of Acute Rheumatism treated with Syrup of Lime. By S. K. Towle, M.D.—Two Cases of Cancer treated with Injection of Acetic Acid; occurring in the service of Dr. Cabot, in the Massachusetts General Hospital.—Surgical Cases occurring in the service of Dr. G. H. Gay, in the Massachusetts General Hospital.—Extracts from the Records of the Providence Medical Association.—Operation for Double Harelip.

DIED,—In Middleboro', May 7th, Dr. George W. Snow, aged 58 years.

DEATHS IN BOSTON for the week ending Saturday noon, May 18th, 69. Males, 30—Females, 39. Congestion of the brain, 1—disease of the brain, 1—bronchitis, 3—burns, 1—cancer, 2—consumption, 11—convulsions, 3—cyanosis, 1—debility, 1—diarrhoea, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 2—drowned, 1—crystalas, 1—scarlet fever, 7—typhoid fever, 2—gastritis, 1—disease of the heart, 1—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 1—marasmus, 2—old age, 2—premature birth, 2—puerperal disease, 1—smallpox, 7—suicide, 1—tumor, 2—unknown, 6.

Under 5 years of age, 28—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 50—Ireland, 11—other places, 8.

## MEDICAL JOURNAL ADVERTISING SHEET.

**ALBANY MEDICAL COLLEGE.**—The next Course of Lectures in this College will commence on the first Tuesday in September, and continue sixteen weeks.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Clinical Lectures are delivered in the Hospital three days in the week. Surgical Cliniques are held regularly in the Hospital and College.

### PROFESSORS.

ALDEN MARCH, M.D., Principles and Practice of Surgery.

JAMES McNAUGHTON, M.D., Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Descriptive and Surgical Anatomy.

JOHN V. P. QUACKENBUSH, M.D., Obstetrics and Diseases of Women and Children.

JACOB S. MOSHER, M.D., Chemistry and Medical Jurisprudence.

S. OAKLEY VANDERPOOL, M.D., General Pathology and Clinical Medicine.

JAMES E. FOWFRET, M.D., Physiology.

JOHN V. LANSING, M.D., Materia Medica.

JACOB S. MOSHER, *Reg'r.*

Ap. 11

### GUIDE FOR THE MEDICAL BATTERY.—

"A Guide-Book for the various Medical Batteries," being a compendium from his larger work on *Medical Electricity and Nervous Diseases*, by ALFRED C. GARRATT, M.D. It illustrates a variety of modern and improved apparatus, as well as new methods and *Rules* for the scientific employment of electricity in the treatment of nervous affections. It is a small book, but full of practical matter. Published by Lindsay & Blackston, Philadelphia, and for sale by E. P. Dutton & Co., at 135 Washington Street. It is an 8vo. of 180 pages. Price, \$2. Jan. 10-1y.

### GARRATT ON MEDICAL ELECTRICITY.—

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Folts, East Boston; and Dr. T. R. Nute, Roxbury—to whom Mr. Parker is allowed to refer.

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Apr. 6

**CONNECTICUT MEDICAL SOCIETY.**—The Seventy-Fifth Annual Convention of the Connecticut Medical Society will meet in the City of Hartford, at 11 A.M., Wednesday, May 22, 1867, and continue in session the following day.

May 2 M. C. WHITE, M.D., Sec'y.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2048.] Thursday, May 30, 1867. [Vol. LXXVI. No. 17.

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## Massachusetts Medical Society.

**TWO DAYS MEETING**, June 4th and 5th, 1867. To be held at Boston, in the Hall of the Mass. Charitable Mechanics Association, corner of Chauncy and Bedford Streets.

### ON TUESDAY, JUNE 4.

At 10 o'clock, A.M. Operations, Surgical Visit, and Exhibition of Patients at the Massachusetts General Hospital.

Also,

At 10 o'clock, A.M. Operations, Surgical Visit, and Exhibition of Patients at the City Hospital, Harrison Avenue.

At 12 o'clock, M. There will be a meeting at Mechanics Hall, when Papers will be read by the following gentlemen:—

Henry G. Clark, M.D., George Derby, M.D., James C. White, M.D., William Cogswell, M.D., B. Joy Jeffries, M.D., John Homans, Jr., M.D., Edward Jarvis, M.D.

At 4 o'clock, P.M. There will be a meeting for Discussion and the further Reading of Papers.

The various Anatomical Museums, and that of the Natural History Society, will be open to the Society during the afternoon of Tuesday.

At 7.30, P.M., will be held

The Annual Meeting of the Councillors at the Rooms of the Society, Perkins Building, No. 12 Temple Place.

### ON WEDNESDAY, JUNE 5.

At 10 o'clock, A.M.

The ANNUAL MEETING of the Society will be held at Mechanics Hall, corner of Chauncy and Bedford Streets, Boston.

Reports of Committees, Medical Papers and Communications.

At one o'clock, precisely,

The Annual Discourse, by  
H. P. WAKEFIELD, M.D., of Reading.

The ANNUAL DINNER will be served in the Music Hall, Winter Street, at 2.30 P.M. The Great Organ will be played during the Dinner.

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[F] No person will be admitted to the Dinner without a ticket. This may be obtained of the Treasurer on payment of the annual assessment, or on presentation of the voucher of a District Treasurer.

DAVID W. CHEEVER, M.D.,

*Rec. Sec'y.*

Boston, May 30, 1867.

Literary gentlemen interested in Medical Science, are respectfully invited to hear the Annual Discourse, which will be delivered on Wednesday, at one o'clock, P.M., precisely.

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May 30. 1891.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXXVI.

THURSDAY, JUNE 6, 1867.

No. 18.

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SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL  
HOSPITAL. SERVICE OF DR. SAMUEL CABOT.—NO. VI.

Reported by Mr. F. R. STURGIS.

[Communicated for the Boston Medical and Surgical Journal.]

**CASE I.**—*Cancer of the Neck; Injection of Acetic Acid; No Improvement.*—Nov. 27th, 1866. R. S., æt. 60, a fisherman by occupation, and native of Gloucester, presented himself at the Massachusetts General Hospital with a tumor of three years' duration. The swelling is situated on the left side of the neck, just posterior to the ramus of the lower jaw. It extends upwards to the ear, and downwards as far as a point a little below the angle of the jaw. It is slightly movable, and presents small lobules, like a collection of small glands. One gland can be felt very distinctly, just below the tumor. This has existed for three years, growing slowly. No pain until the last seven or eight months. The pain now is of a dull character and not constant, occurring chiefly at night. No tenderness except at one point.

Nearly five years ago, the patient received a blow on the head with a block, and shortly after a tumor, similar to the present one, appeared in a corresponding position on the opposite side. This continued for five months in spite of poultices, but disappeared after cupping. The patient knows of no cause for the present tumor. None of his relations were ever similarly affected. His health he describes as excellent.

On examination, a chain of enlarged glands was found above the left groin. No enlargement of the spleen was detected.

A drop of blood was drawn from the patient's hand, and examined microscopically by Dr. Calvin Ellis, who reported that the white globules were undoubtedly increased, but not to a sufficient degree to justify the diagnosis of leucocythæmia without other symptoms.

On December 1st, after a consultation, it was decided to cut down upon the tumor and then to be governed by circumstances. The patient was etherized, and an incision about five inches in length was made over the tumor, by Dr. Cabot. The sterno-mastoid muscle

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was struck and split by an incision in the direction of its fibres, but few of which were divided. The tumor was then found, and a lobule of it opened by the knife. The interior presented the appearance of a malignant growth. A solution of equal parts of acetic acid and water (about one drachm in quantity) was injected into the tumor with a subcutaneous syringe. The wound was then closed with about five sutures. In the evening, the patient suffered much pain from the injection, for which eighty drops of tincture of opium were given.

2d.—Patient slept very poorly. Not much pain. Some bloody discharge from the lower part of the wound on pressure. Three sutures removed, and poultice, with compression, applied. In the evening, all the remaining sutures were removed. To have twenty drops of elixir of opium.

3d.—There is a slight yellow discharge when pressure is applied to the sides of the wound. Little, if any, pain when the wound is not touched. The edges at one place have rather a livid look. Appetite poor. Pulse fair. Apply permanganate of potash to poultice.

On the 4th, the upper part of the wound assumed a grayish look, which was combated with acid wash applied under poultice.

8th.—Patient at times had intense pain, for which laudanum has been given in large doses. Redness and swelling are extending on both sides of the wound, but particularly on the posterior side, from which there is a tolerably free discharge of pus. The patient spends the greater part of the day and night with his head resting in his hand, and leaning upon the bed. Has very little appetite, living entirely upon liquids. This is no doubt in part owing to the difficulty he experiences in masticating. Pulse strong. Inject wound with solution of permanganate of potash. *R.* Sodæ sulphitis,  $\mathfrak{z}$  i., ter in die.

This condition lasted for two or three days, when, on the 11th inst., it was noticed that the swelling was diminishing, and the discharge more free and healthy. The pain is also less. Milk punch.

15th.—Tumor continuing to decrease in size; fibrous sloughs coming away. In all respects better.

19th.—Everything still doing well. Deglutition is less difficult.

25th.—The pain has increased in the tumor. The pus appears to come from the depths of the tumor, which (except in one small spot at its inferior posterior aspect) is of a soft doughy consistence.

All continued to go well, except that the pain in the growth appeared somewhat aggravated, until the 10th of January, 1867, when it was noticed that during the last few days the tumor had somewhat increased in size, but was still soft. Very little discharge. This increase in the size of the growth and in the pain attendant upon it, continued without intermission up to the date of his discharge from the Hospital, January 25th, 1867. Unfortunately for further observation, he has not since been seen by us, although told to report in a month's time.

CASE II.—*Recurrent Cancer of the Breast, treated by Injections of Acetic Acid ; Improvement.*—K. G., æt. 37, Irish, laundress, entered the Hospital August 21st, 1866, with cancer of the right breast, which was excised. She was re-admitted January 16th, 1867, with two hard nodules in the cicatrix of previous operation—one being situated at the sternal end, the other at the middle. They are attended with some degree of pain. No enlarged axillary glands noticed. General health good. The two nodules are hard, immovable upon the tissue beneath, and the skin covering them is red and adherent. From the sternal one there issues a slight discharge of pus.

On the 19th, a mixture of acetic acid and water (equal parts) was used, after the manner recommended by Dr. Broadbent, of London, of which half a drachm was injected into each lump with a hypodermic syringe.

22d.—A slough is forming in the centre of both nodules; these latter are much softer. Still reports pain in them.

29th.—The points of injection have thrown off their sloughs, are looking well, and are soft to the touch. Two or three more hard nodules are felt along the cicatrix for the first time. These are smaller than those already noticed.

31st.—The two first nodules were again injected by the same method. Less pain than before.

February 2d.—No marked change in the sternal lump; the one in the middle seems softer to the touch.

5th.—Reports a swelling in the right axilla, which is quite hard and painful. The nodules injected on the 31st inst. were again injected, as well as the one in the axilla.

7th.—Injected axillary swelling again to-day, which caused much pain. The others are painless and softening, with some tendency to slough in the centre.

12th.—The two sternal nodules are nearly gone; a small slough still left in one of them. The axillary one is enlarged and painful. On the 13th, the ulcers were dressed with lint dipped in acetic acid. From this date until the 21st, nothing worthy of notice occurred in the tumors, when it was recorded that the first set of nodules were softening, but that one fresh glandular enlargement was observed in the axilla. Same treatment continued. On the 24th, this axillary enlargement ulcerated, with but slight discharge. Similar treatment as the others, which was continued until March 3d, when, on account of the pain produced by the acid, which is more severe than ever, it was omitted, and simple cerate substituted.

I cannot state with certainty the result, as the woman eloped on the 13th inst., but on the day previous the following notes were recorded:—"One axillary enlargement has disappeared; the sternal ones are much softer; the other axillary nodule can be perceived only on careful investigation."



*Remarks.*—My reason for reporting these cases in detail is, that being among the earliest treated in the Hospital by this method, a full record, with the results even of but two cases, must be interesting to compare with Dr. Broadbent's cases. This gentleman, in a paper read before the British Medical Association in 1866 (Cancer, a new Method of Treatment), says:—"In considering the application of this treatment to various cases, there are two distinct results which may be aimed at: the yet uncertain effect last spoken of, arrest and withering of the tumor, or its death and removal."

Out of four cases reported by him, in two had the tumor disappeared entirely, while in the other two its growth had been modified only. To this latter class of cases the second one must, I think, belong, as there is no doubt that the nodules were sensibly affected by the treatment, while in the first one no change was effected.

Its *modus operandi* Dr. Broadbent considers to be rather by "solution than by sloughing or suppuration," rapidly dissolving the walls and modifying the nuclei of the cancer cells from permeation of the entire mass by the acid. From the two cases which have come under my notice, I should be inclined to consider sloughing as not unusual, and certainly in Dr. B.'s first case, as well as in one which occurred under the care of Mr. Alfred Cooper, the same process took place.

Ordinarily, when the acid is injected into the diseased mass, no pain is complained of, which does occur when it comes in contact with sound tissue.

One more point is worthy of notice, viz., that, even if the acid should enter the circulation, no evil results are to be apprehended.

Should further experience confirm the worth of this method, a valuable means of treatment for cancer, especially for those cases in which the use of the knife would not be admissible, will be added to our list of remedies.

#### THE FEVER THERMOMETER.

[Read before the North Bristol District Medical Society, March 13th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By NOMUS PAIGE, M.D., of Taunton.

I OFFER a few remarks upon the thermometry of disease, not presuming the subject to be new to any of you, but because I have employed the instrument considerably during the past few months, and believe it to be highly useful.

No reliable information of the heat of the body can be obtained without the thermometer, for the knowledge afforded by the mere sense of touch is so inaccurate, and the perceptions of the patient are often so fallacious, that any opinion founded upon them must possess but little if any scientific value. Some physicians have ob-

jected to the thermometer, urging that the expressions cool, moderately cool, warm, hot, pungent, &c., which are in such common use at the bedside, are sufficiently definite for practical purposes, and that the instrument is an unnecessary incumbrance.

But these objections are not weighty, for if even an approximate estimate of the heat of the skin is of any benefit to us it must be of far greater use to know its exact temperature. And I think that no one who strives to attain any degree of correctness in diagnosis would persist long in mere guessing if he possessed the means of measuring accurately. That we now possess this means, no one seems to doubt. The practical use of the thermometer is based upon the following pathological principles:—

1st. All febrile and inflammatory diseases are attended with a morbidly increased temperature of the body. Conversely, in non-febrile and non-inflammatory diseases the heat of the body is not morbidly increased.

2d. The temperature is morbidly increased in almost every case of acute disease.

3d. A continued variation from the normal temperature is a certain indication of disease.

4th. All diseases have their own typical range of temperature, any sudden deviation from which indicates either a dangerous severity or intercurrent complication.

5th. An important exception to the rule that in non-inflammatory diseases the heat is not above the normal standard, should be made in the class of tuberculous diseases. In this class the temperature is always morbidly increased during the stage of activity, and the type embraces a greater range and also less regularity than it does in most other diseases.

6. Variations in the frequency of the pulse and temperature of the skin are generally concurrent symptoms. But they may be neither contemporary nor proportional.

The average standard of health, taken by the thermometer in the axilla, is  $98.4^{\circ}$  Fahrenheit. A variation of one degree from this standard, under different circumstances of climate, exercise, &c., is consistent with a state of health; but a rise above  $99.4^{\circ}$ , or a fall below  $97.4^{\circ}$ , affords reliable evidence of disease. The highest altitude of which I find any record occurred in a case of pneumonia, and was  $107.2^{\circ}$ . The lowest was in the collapsed stage of cholera, and was  $94.7^{\circ}$ . In both instances the record was made a few hours before death. From this it is evident that the scale of defervescence is not large, as it embraces within a fatal maximum and minimum only  $12.5^{\circ}$ . And ordinarily the scale might be reduced to a variation of only ten degrees, as the cases above mentioned were very rare extremes.

The thermometer in general use is graduated from  $80^{\circ}$  to  $112^{\circ}$  Fahrenheit, with each degree subdivided into fractional halves. This

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extended scale renders it useful for other purposes in the sick room, such as regulating the temperature of liquid ingesta, baths and enemata. For estimating the heat of the skin, the bulb is to be placed in the axilla and retained from three to five minutes.

A sudden fall of the mercury is as grave a symptom as a sudden rise; neither of which, within the ordinary limits under favorable circumstances, need be considered a sign of serious import, and either of which, under unfavorable circumstances, should be considered a critical symptom. For instance, the oscillations of temperature so characteristic of intermittent and remittent fevers, also of the premonitory stage of other diseases, are not alarming symptoms. And the progressive decline of the mercury in the latter stage of any acute disease is a sure indication of convalescence. But when the deviation is not in accordance with the known type and stage of a given disease, and we find a high temperature where we expected a low one, or *vice versa*, it is an omen of danger, which should not be lightly evaded, for we may be sure that something is wrong.

In typhoid fever, the typical scale during the early stage is from  $101^{\circ}$  to  $103.5^{\circ}$ . Persistence at a higher altitude indicates a dangerous degree of severity. A sudden rise of several degrees, especially in the latter stage, is a sure sign of an inflammatory complication. A depression of four or five degrees indicates severe intestinal hæmorrhage. During the first few days of this disease it is often difficult, if not impossible, to diagnosticate with any degree of certainty, as the general symptoms are contradictory and possess no positive meaning. In such cases, if the thermometer indicates a permanent increase of three or four degrees, the existence of typhoid fever is highly probable.

[To be concluded.]

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## CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 217.]

### *Eczema in the Adult.*

**ECZEMA** in the adult presents the same elementary lesions as in the young subject. The same forms or varieties of this disease are met with in persons of all ages, although in those who have arrived at maturity, and more especially in those of advanced years, and where the complaint has acquired a chronic character, the infiltration of the derma is much greater and more persistent than in the young; so, also, are the œdema and the pruritus, together with the thick, dense incrustations or furfuraceous scales which sometimes remain as the relics, so to speak, of a former acute eczematous eruption that was perhaps wholly neglected, or but casually or blindly treated by some irresponsible individual. There are not a few cases, however, where the malady pursues the uncertain tenor of its way through a long series

of years, with only occasional periods of respite, however judicious and protracted the treatment for its cure may have been. Especially is this the case where it affects the lower extremities of the aged.

The leading principles of treatment for all subjects are virtually the same, although the measures to be employed must necessarily vary according to the age of the patient, the temperament, the existing state of health, the extent and severity of the disease, and the region upon which it is developed.

In prescribing constitutional remedies, our first inquiry should be in regard to the condition of the alimentary canal. Throughout the entire administration of medicines, this should be kept in the best possible condition, whether the eruption is acute or chronic. If the bowels are costive, an aperient will be required, and should be repeated as occasion may demand. Small doses of sulphate of magnesia, or liberal draughts of the Congress Spring water, or the compound colocynth pill, will usually accomplish all needful purposes in this particular, especially if the diet be properly attended to. The following prescription is a favorite one with Mr. Milton, Surgeon to St. John's Hospital for Skin Diseases in London: *R.* Extracti hyoscyami, extracti colocynth. comp.,  $\text{āā}$   $\text{Ḑj.}$ ; pil. hydrargyri, sodæ carbonat.,  $\text{āā}$   $\text{Ḑss.}$  M. ft. pil. No. xij. Give one or two at night. If the patient is accustomed to the use of tobacco in any form, he should be persuaded to discontinue it.

The tincture of the chloride of iron is one of the best remedies for internal use. It may be prescribed in large doses well diluted, thus: *R.* Tincturæ ferri chloridi,  $\text{ḗ}$   $\text{ij.}$ ; syrupi zingiberis,  $\text{ḗ}$   $\text{ij.}$ ; aquæ fontanæ,  $\text{ḗ}$   $\text{iv.}$  M. Dose,  $\text{ḗ}$   $\text{ij.}$  three times a day, in half a gill of water. If the pruritus is severe, five drops of the tinctura aconiti radicis may be added to each dose of the iron, with good effect. This is a minimum quantity of the tincture of aconite for an adult. (The tincture made from the root is much stronger than that of the leaves, and the whole name of the one intended should be written in full.)

The liquor ammoniæ acetatis is a valuable remedial agent in all stages of eczema, but especially if there be any feverish habit on the patient. Two drachms mixed with about a gill of mint water, or sweetened water, make an agreeable drink, and may be taken three or four times a day. It acts favorably as a diuretic and diaphoretic, and thus relieves the hypertrophied condition of the cutaneous tissue. Effervescent draughts will also be useful, particularly in the acute stage of the eruption. The mistura ferri composita, the syrup of the iodide of iron, the citrate of iron and quinine, and cod-liver oil, will be found suitable tonics in a great many cases where the vitality of the general system requires to be invigorated. When the vital functions are in a normal state, and the cutaneous affection is attended with little or no exudation (and this is the fact with a large proportion of cases), then is the opportune moment to commence with some arsenical preparation with every probability of doing good with

it. This nerve-tonic should be taken in immediate connection with the food, and should be given with great caution to the adult subject as well as to the young. We have no faith in heroic doses of this mineral. When given thus, we defeat the very object of its administration. The stomach or bowels, or pulmonary organs, are almost certain to be disturbed by its irritant qualities fretting their delicate mucous lining, which soon becomes wholly intolerant of its presence, and we are forced to abandon its use with perhaps no little distrust as to its curative powers in the very case where it would have been most appropriate and useful if employed in small quantities. Mr. Hunt, of London, a successful and learned practical dermatologist, long since advocated the employment of minute doses of arsenic and these only; such as two or three drops of Fowler's solution two or three times a day to an adult. We have frequently followed his suggestions with good results; and we never on any occasion prescribe beyond fifteen drops a day of Fowler's solution to the most robust individual.

There is another formula for the administration of arsenic of still greater potency, and with which we may succeed in curing chronic eczema, especially eczema squamosum, even after having been disappointed in regard to Fowler's solution. In fact, we now in most cases prescribe it for adults instead of the solution. We refer to what is termed the "Asiatic pill"—a combination of arsenious acid with black pepper, in the proportion of one part of the former to about eight of the latter. The formula which we prefer contains equal parts of the pepper and the extract of conium, as we think the last named ingredient gives additional security against any unpleasant griping of the bowels which might possibly be produced by the arsenic. *R.* Acidi arseniosi, grs. vij.; pulveris piperis nigri, extracti conii, aa 3j. *M.* Divide in pilulas No. c. The dose is one pill every morning directly after breakfast, until the patient has taken fifty pills, afterwards one pill every other morning. Each of these pills contains one fourteenth of a grain of arsenious acid; and when prescribed in the manner directed, they will in very many cases exert a sovereign power over the disease, and thus prove their claim to our confidence when all other remedies have failed.

#### *Local Treatment.*

If the scalp is the seat of the eruption, the hair should be cut short, and kept so by the use of the scissors. The solution of the carbonate of soda, as mentioned in our remarks on infantile eczema, may then be applied and continued so long as it gives proof of doing good. In regard to this and the other local applications mentioned, no extended additional remarks need be offered in this place, for these external appliances are equally useful to persons of all ages who are similarly affected. If the eruption has continued for a long period and the scalp presents a brawny or furfuraceous surface, the follow-

ing liniment can in a majority of cases be used advantageously: *R.* Olei olivæ camphorati, ʒ iij.; olei cadini, ʒ j.; unguenti hydrargyri nitratis, ʒ ss. *M.* Ft. linimentum. *Signa.* Shake before using. Two or three drachms of the above may be rubbed into the scalp somewhat briskly with a soft flannel, every night at bed time. Occasionally the diseased integument should be cleansed with the carbonate of soda solution, or with soap and warm water. The liniment will be found well adapted to any portion of the cutaneous membrane under similar circumstances, and where the eruption is quite limited in extent. If spread over a broad surface and followed up for some time, it might induce ptyalism.

What is familiarly known as "Hebra's Tincture" makes a valuable local dressing after the acute inflammation has been subdued, and when the infiltration is but slight. It may be applied twice a day. The formula for this remedy is as follows: *R.* Saponis mollis, picis, spiritus vini rectificati, aa ʒ j. It is necessary that the patient should wear a cap constantly while using this tincture, lest it should soil or even spoil any article of clothing or bedding that may come in contact with it. For these reasons some patients, especially fastidious females, refuse to use it.

If there is much exudation, thickening and infiltration, and the eczema occupies but a small surface, as the ears, the forehead, the face, hands, fingers, feet, etc., a solution of potassa fusa will prove an important local agent. The strength of the solution should be from half a drachm to a drachm of the caustic to an ounce of water. It should be applied by the medical attendant himself for a few times, at least until the patient learns how to use it. A small bit of rag should be saturated with the liquid and then passed rapidly over the surface. The pain is quite severe for the moment. A little warm water in a wash-bowl should be at hand, and the caustic should be instantly washed off with a soft linen rag. The pain continues but an instant. The part is to be wiped dry, and the benzoated zinc ointment thickly spread on lint should be put on to the surface that has been subjected to the potash. The process should be repeated every third or fourth day. If the eruption covers an extensive surface, a portion of it only should be dealt with in the manner here described, at any one time.

If the infiltration is slight, the aqua potassæ of the Pharmacopœia will answer quite well instead of the potassa fusa. It may be used freely once or twice each day, care being taken to remove any excess by means of warm water, if it produces severe smarting. The strength of the caustic applications may be reduced and employed less frequently, as the infiltration, itching and exudation diminish. They are not well adapted to individuals of nervous temperament, or to persons who are in feeble health or advanced in years.

Hydrocyanic acid in combination with other ingredients, is often beneficial in checking the unbearable itching which is one of the most

constant and unmanageable attributes of chronic eczema. The following lotion is among the best. *R.* Acidi hydrocyanici diluti, ʒ j.; olei cadini, ʒ j.; saponis viridis, ʒ ij.; olei rosmarini, ʒ j.; aquæ fontanæ, ʒ vj. *M.* Signa. Shake before using. To be rubbed over any portion of the skin implicated in the disease, two or three times a day. Another: *R.* Acidi hydrocyanici diluti, ʒ j.; liquoris plumbi, ʒ iij.; glycerinæ, ʒ j.; emulsionis amygdalæ, ʒ vj. *Ft.* lotio. To be applied freely *pro re nata*.

When the eruption is quite limited in extent, topical applications constitute about all that need or can be done. Constitutional measures are certainly less demanded, and usually less efficacious than they are when the whole or nearly the whole surface is engaged. And as topical measures in the treatment are to be our chief reliance, they may be more potential than would otherwise be expedient.

The sulphate of zinc in the proportion of four or five grains to the ounce of water, applied with a camel's-hair pencil, will quiet the pruritus and promote the entire restoration of the part. The application may be repeated once or twice daily.

A solution of chloride of zinc, twenty grains to the ounce, is likewise an efficient lotion to small patches of the eruption. Both of these lotions may be used by the patient himself, and any excess may be washed off with warm water.

The cyanuret of mercury is likewise a beneficial application in the inveterate forms of eczema, when purely local and covering but a small area. *R.* Hydrargyri cyanuret, grs. vj.; glycerinæ, ʒ ij.; aquæ destillatæ, ʒ iv. *M.* Signa. Lotion. To be applied with a camel's-hair brush two or three times daily.

As a local remedy, creosote is entitled to favorable consideration, in many cases of chronic eczema. It is not suited to the eruption if there is serous discharge; but when there is much infiltration, pruritus and hypertrophy, and a scaly condition of the parts, it often acts very favorably. In presenting the claims of this article, we are reminded particularly of several cases of chronic eczema of the scrotum and perineum in which it was employed with the most beneficial results. It assuaged the most tormenting itching almost immediately, and ultimately restored the patients to a perfectly comfortable condition, without resort to any other local measures. The following is a suitable formula. *R.* Creosoti, ʒ j.; unguenti simplicis, ʒ ij. *M.* To be applied freely twice a day. The scrotum should be protected by a suspensory bag.

Glycerine makes a convenient vehicle also with which to combine the creosote, thus: *R.* Creosoti, ʒ j.; glycerinæ, ʒ ij. *M.* To be used like the preceding.

[To be continued.]

**Reports of Medical Societies.****AMERICAN MEDICAL ASSOCIATION.**

(Concluded from page 359.)

**FOURTH DAY.**

Friday, May 10th, 1867. Dr. H. F. Askew, President, in the chair. Drs. J. D. Staebler, J. P. Walker, and P. F. Maley, of Cincinnati, Ohio; Dr. G. M. Kellogg, of Keokuk, Iowa; Dr. A. J. Larey, of Mount Pleasant, Kansas; Dr. Wm. Marsden, of Quebec; Dr. John Dillard, of Lexington, Kentucky; Drs. S. S. Gray and A. S. Ashton, of Piqua, Ohio, were made members of the Association by invitation.

*The Case of Dr. Hinkle.*—A delegate presented papers involving charges against Dr. F. Hinkle, and asked that his name be stricken from the roll of members.

Dr. Atkinson, in presenting Dr. Hinkle's defence, moved a reference of the whole matter to the Committee of Medical Ethics.

The Chair ruled that the reference was out of order, and decided that Dr. Hinkle's name be erased.

*Additional Delegates to the International Congress.*—The following were, on motion, elected additional delegates to the International Medical Congress to be held at Paris next August:—Drs. Wilson Jewell, of Pennsylvania; Ninian Pinkney, U.S.N.; John Hart, of New York; and Charles A. Pope, of Missouri.

Dr. Hibberd, of Illinois, then presented the following, which was carried:—

WHEREAS, It has been officially announced that for the last two years the annual volume of the Transactions of this Association could be published only by the members of the Publication Committee becoming individually responsible for the cost of the same above the amount of funds in the treasury; and

Whereas, Such a condition of affairs is impolitic for the Association and unjust for the Committee; therefore

*Resolved*, That the Association does not expect the Committee on Publication to issue the volume of Transactions for the present year unless it can be done with the funds and the credit of the Association.

Dr. Hildreth submitted a resolution:—

“That a Committee on Ophthalmology be appointed to report at the next session.” Adopted.

Drs. Joseph S. Hildreth, of Chicago, Illinois, Henry D. Noyes and Cornelius R. Agnew, of New York, were appointed said Committee.

*The next Place of Meeting to be Washington, D. C.*—Dr. Davis's resolutions regarding the next place of meeting, &c., were then ordered from the table.

Dr. Hammar suggested St. Louis, Mo., as having favorable claims for the consideration of the Association.

After a lively debate, during which several amendments to the original resolution were entertained, the motion finally prevailed in the following form:—

*Resolved*, That the next annual meeting of the American Medical Association shall be held in the City of Washington on the first Tuesday in May, 1868, and every second year thereafter, until otherwise ordered by the Association.

*Resolved*, That whenever the Association shall meet in the City of Washington, or elsewhere, as directed in the above resolution, the Committee of Ar-



rangements be strictly forbidden either to provide themselves, or accept provision by others, of any entertainment or excursion whatever, which will conflict with the regular business of the body or its Sections.

*Cultivation of the Cinchona Tree.*—Dr. Atkinson read a communication from Dr. Henry F. Lyster, Secretary of the Wayne Co. (Mich.) Medical Society, requesting that some action be taken by the American Medical Association regarding the "introduction of the cinchona tree into the United States." For the sake of giving form to the discussion, he presented the subjoined:—

*Resolved*, That a committee of three be appointed by the Chair, whose duty it shall be to memorialize Congress relative to the cultivation of the cinchona tree. Carried.

Drs. J. M. Toner and F. Howard, of Washington, D. C., and Dr. C. A. Lee, of Poughkeepsie, N. Y., were appointed said committee.

Dr. Atkinson read by title a paper from Dr. E. Harris, of N. Y., upon the "Causes of Cholera." Also another by Dr. E. Krackowizer, on "Local Anæsthesia."

Dr. Davis, in view of the fact that the hour of adjournment was rapidly approaching, offered a resolution which he thought would meet all objections.

*Resolved*, That such papers and reports as the several Sections have not been able to act upon, be referred to a special committee of three, to examine and act upon in all respects as is required in the proper Sections. Carried.

The Committee as appointed consisted of Drs. N. S. Davis, D. H. Storer and C. A. Lee.

Dr. Harris's and Dr. Krackowizer's papers were then, on motion, referred to said committee.

Dr. Atkinson read by title "Synopsis of an Essay on the Contagion, Infection, Portability and Communicability of the Asiatic Cholera in its relations to Quarantine. With a brief history of its origin and course in Canada, from 1832. By Wm. Marsden, M.D."

Dr. Marsden made a few remarks in explanation of the objects, &c., of the paper.

Dr. Sayre moved to refer the paper to the Committee on Publication. Carried.

*Alterations in the Plan of Organization.*—The following was offered by Dr. Cox, of Maryland:—

*Resolved*, That a committee of five be appointed by the Chair to take into consideration such amendments or alterations in the plan of organization of this Association, and to remedy defects, if any, and increase its efficiency, and report at the meeting in 1868. Adopted.

Dss. C. C. Cox, J. M. Toner, W. B. Atkinson, J. J. Woodward and John Shradly, were appointed in accordance with the above.

Dr. Davis moved that the resolution referring Dr. Marsden's paper to the Committee of Publication be reconsidered. Carried.

The motion to refer said paper to the special committee as previously provided, was then carried.

Dr. B. Howard, of New York, owing to the absence of the Secretary, read the report of the Surgical Section, which, after some corrections, was accepted.

*Cholera and Quarantine.*—Dr. Charles A. Lee, of New York, then

submitted the following resolutions, bearing upon the subject of cholera, which were adopted as the sense of the Convention :—

WHEREAS, it was declared by a vote of Congress, at its last session, that it is not within the constitutional powers of the General Government to establish a general and uniform system of quarantine for the different ports of the United States, and whereas, the cholera infection has been introduced into the United States, and did doubtless manifest itself in many of the cities, towns, and villages of our country during the past season, and

Whereas, the experience of the city of New York and other places, both at home and abroad, has demonstrated the efficacy of certain chemical disinfectants, especially *carbolic acid* and the *sulphate of iron*, in destroying or preventing the spread of *cholera virus*, it is hereby urgently recommended by this Association, that the attention of physicians of the United States be chiefly and constantly directed to the prompt and free use of such disinfectants wherever the cholera poison may show itself.

*Resolved*, That as the experience of Europe and the United States has satisfactorily shown that the cholera poison cannot be controlled or kept in check except where the *cordons sanitaires* are absolutely prohibitory of all intercourse, as was the case in the entire Island of Sicily, and the entire coasts and frontier of Greece, during the recent cholera epidemic, and,

Whereas, there is no good reason to believe that the people of the United States would not submit to the enforcement of such prohibitory measures, and non-intercourse, as is necessary to hold the cholera-poison in check, especially after its introduction into the country, it is hereby recommended to all municipal bodies and boards of health to pay special attention to requisite sanitary measures, such as the cleansing of streets, lanes and alleys; the supply of pure drinking water to the inhabitants; the ample provision of chemical disinfectants, and their prompt employment in necessary cases; the separation of the sick from the healthy, in the same dwelling; the inspection and regulation of tenement houses; the provision of nurses, hospitals, and competent physicians for the sick poor, who may be attacked; provision for the early burial of the dead; the separation of the corpses from the living; and the prohibition of the custom of *waking* the dead, and all other measures which have been found necessary to control the progress of the disease.

*Resolved*, That experience proves that the publication of the facts connected with the existence and progress of cholera in any place, instead of disturbing the popular mind, while it reveals the exact extent of the danger, robs it of the hold of alarm and fear, with which the imagination surrounds indefinite pestilence, *walking abroad by noon-day*.

Dr. H. R. Storer read the minutes of the section on Psychology, which were, on motion, referred to the Committee on Publication.

The reports of the section on Practical Medicine, and on Meteorology, were read and disposed of in like manner.

The Committee on Nominations submitted their report as amended. The changes are :—*Committee of Arrangements*—Drs. Grafton Tyler (Chairman), William P. Johnson, F. Howard, William Maybury, Lewis Mackall, T. F. Many, J. M. Toner. *Assistant Secretary*—J. W. H. Lovejoy. Added to *Committee on Necrology*—Dr. Samuel Willey, of Minnesota, and Dr. Samuel M. Welch, of Galveston, Texas.

*Remuneration of Permanent Secretary*.—Dr. M. A. Pallen presented the subjoined :—

WHEREAS, it was the intention of the resolution originally introduced, creating the office of Permanent Secretary, to pay said officer a certain sum annually, as a salary for services as such; and whereas, Dr. William B. Atkinson, our present efficient and urbane Secretary, has never received any money whatsoever in payment of said services, therefore be it

*Resolved*, That the Permanent Secretary hereafter, and from this date, be au-

thorized to draw a warrant upon the Treasurer for the expenses incurred in his attending each meeting of the Association, and that the Treasurer is hereby instructed to pay the same. Unanimously adopted.

Dr. Atlee moved that the thanks of the Association be tendered to the Permanent Secretary for past services. Carried.

*The Annual Assessment.*—Dr. Toner proposed the following, which includes an article of the Constitution, with the amendments added:—The sum of five dollars shall be assessed annually upon each delegate to the sessions of the Association, as well as upon each of its permanent members, whether attending or not, for the purpose of raising a fund to defray the *necessary* expenses of the Association, and for printing the Transactions. The payment of this assessment shall be required of the delegates and members in attendance upon the sessions of the Association previously to their taking seats and participating in the business of the session. Permanent members not attending shall forward their yearly dues to the Treasurer, and thereby shall be entitled to receive a copy of the printed Transactions, the same as delegates. Referred, after an animated debate, to Committee on Revision of the Constitution and By-Laws.

Dr. Hibberd asked that Dr. H. R. Storer be permitted to use, in the preparation of a paper, certain matter previously presented by himself to the Association. Permission granted.

Votes of thanks to various railroad companies, and others, for courtesies extended the Association, were then passed.

Dr. Hibberd's resolutions, regarding the use of unofficial preparations, and the relations between the profession and the venders of nostrums, were then called up.

Dr. Post called attention to the proper distinctions between the terms "unofficial" and "magisterial."

Dr. Cox, as an amendment, desired to insert after *manufacturing*, the words "advertising or selling quack medicines or nostrums." Lost.

Dr. Bibbins moved the reference of the whole subject to the Committee on Revision of the Constitution, &c. Carried.

*Female Education again.*—Dr. Atlee then pressed his resolutions on the subject of female medical education. A motion to take them from the table was carried by a vote of 56 to 52.

Dr. Pallen, of Missouri, was opposed to the discussion of the subject. Women were not by nature fitted for the practice of medicine. It had been tried in Europe, and had proved an utter failure. Ladies possessed of any delicacy could not acquire the proper amount of knowledge. Imagine a young lady, with gigantic chignon and garbed in silks, entering the charnel-house, and bending over a corpse, microscope in hand, searching for cancer cells, &c. &c.

Dr. Davis thought the discussion of the subject, at this time, would only furnish newspaper gossips with a topic, and could do no possible good. He therefore moved to refer the whole subject to the Committee on Medical Ethics.

Dr. Bowditch, of Mass., was opposed to this way of disposing of such an important matter. He had moved yesterday to lay the resolutions on the table, simply because he thought the Convention was not then prepared to act upon them. The question had nothing to do with the laws of nature or the manner in which ladies were to acquire

the proper amount of knowledge. The question was simply whether or not they should be recognized when they *had* acquired that knowledge, as many of them undoubtedly had. The Doctor mentioned several instances in which the practice of medicine by lady physicians had been attended with great success.

Dr. Davis's motion to refer to Committee on Medical Ethics was carried by a large majority.

Dr. Hibberd moved that Dr. Theophilus Parvin, of Indiana, be appointed to render a special report on the Surgical Diseases of Women, at the next annual meeting. Adopted.

A vote of thanks was tendered to Mr. F. Hopkins for the free use of his hall.

A communication from Dr. J. Homberger, expressing his desire to resign from the Association, was received, and finally referred to Committee on Medical Ethics.

*The Provision for Chronic Insane.*—After a resolution, offered by Dr. S. C. Hughes, thanking the Press for impartial reports of the proceedings, Dr. C. A. Lee read the following :—

*Resolved*, That providing for the poor chronic insane in the jails and almshouses of our country, as at present practised in nearly all the States of the Union, is a gross violation of the laws of humanity, and contrary to the Divine injunction of "doing to others as we would be done by."

*Resolved*, That where the regular hospitals for the insane of a State are insufficient to accommodate both acute and chronic cases that are sent to them, this Association would strongly recommend the procurement of a suitable amount of land in the vicinity, and the erection of convenient, well-planned, and well-ventilated, but comparatively inexpensive buildings, in connection with and under the same general supervision as the hospitals themselves, where those who are able to labor, and would be benefited by light and regulated employment, may be suitably accommodated and properly cared for.

*Resolved*, That the example of Massachusetts in establishing asylums for the accommodation and humane treatment of the chronic insane, is worthy of all praise and imitation, and in the opinion of this Association, such institutions, if rightly inaugurated and judiciously carried on, will be a benefit to the State in an economical point of view, will raise the character of the State Hospitals, and will greatly subserve the interests of the insane generally.

*Resolved*, That as the present insane hospitals are capable of accommodating but a small proportion of the 40,000 insane of the United States, and as almshouse and jail provision is not adapted to their proper care and treatment, this Association would recommend to the proper State authorities to make such further provision in the direction above indicated as may tend to the amelioration of their condition, if not the restoration of their rational and moral faculties. Adopted.

Dr. Bibbins moved to refer to a special committee of five, to report at the next annual meeting. Carried.

Drs. C. A. Lee, New York ; Guntry, Ohio ; John Fonerdin ; Walker, Mass. ; Chipley, Kentucky, were appointed said committee.

*The late Surgeon C. S. Tripler, U.S.A.*—Dr. Cox submitted the following resolutions, which were unanimously adopted :—

*Resolved*, That in the loss of Surgeon Charles S. Tripler, U.S.A., who died in this city since the last meeting of the Association, the profession throughout the country, the Army of the United States, and the Society especially, have experienced a serious loss.

*Resolved*, That in the high moral integrity, Christian character, professional ability, and conscientious love of his vocation, we recognize in Dr. Tripler one of the truest illustrations of a sound physician and a good man.

*Resolved*, That the condolence and sympathies of this Association are hereby tendered to the family and relations of the deceased; and the Secretary is directed to communicate to them a copy of these resolutions.

Dr. Davis moved that the committee charged with procuring suitable accommodations for the Association meetings in the Smithsonian Institution, in Washington, D. C., be continued. Carried.

Dr. Alden March, of New York, offered the following :—

*Resolved*, That the thanks of the Association are due, and are hereby tendered to the President and retiring officers for the ability, impartiality and courtesy manifested in the discharge of their arduous duties. Carried.

Dr. Cox moved that the surplus copies of the Transactions of the Association not yet out of print, be sent to the Secretaries of similar organizations in exchange for the volumes published by their own bodies. Carried.

Dr. Hughes presented the following :—

*Resolved*, That those members of the Association who have contributed to the amount of five dollars to the publishing of future Transactions, shall be entitled to any back volume of the Transactions to the amount of same, as they may want. Carried.

After the passage of several votes of thanks, the meeting adjourned at two, P.M., to meet at the time and place previously designated.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 6, 1867.

### MEDICAL EDUCATION.

THE vast importance of thoroughness in the preparatory training of candidates for medical practice can hardly be overestimated; and yet, important as it is for the welfare of the whole community, the latter really possess no adequate knowledge of the amount of this training which the men have received to whom they entrust the sacred responsibility of the care of the public health. Neither of the other, so-called, learned professions stands so completely in the dark in this respect as the medical. The Pulpit, the Bar, the various professions connected with practical science, all of them stand in a position in daily practice in which the public is capable in a very great degree of judging of the positive attainments of their members. With the medical profession the case is far otherwise. The practical test is wanting. The very men who may command the widest influence may be those who in reality deserve it the least, either for their acquirements or positive skill. It is all the more important, then, that those who have charge of our medical schools should feel the great responsibility resting upon them, of honest, impartial performance of their grave duties, in order that the public may be protected from the dangers inseparable from a blind confidence in unworthy men. In justice to the teachers of most of our medical schools, we would say, that we believe, as a class, they are actuated by the highest motives in the management of the trust confided to them. Doubtless there are schools where personal considerations have an undue weight, and which are doing more

harm than good by their insufficient teaching, accompanied as it is by extravagant pretensions; but these are the exceptions.

With some such feelings as these in our minds, we read with great interest the report of the recent meeting of medical teachers in Cincinnati, which we have already published. It must have struck every one, we think, that this is a movement in the right direction. The want of a uniform system in the numerous medical schools in the United States, and the vast difference in the fitness for practice in the graduates of different schools, has long been painfully and humiliatingly felt. It is indeed hard for a man who has spent three or four years in faithful study in one of our larger schools, perhaps devoted a year of incessant labor, risking his life it may be, in the arduous duties of a pupil in some one of our city hospitals—it is very hard for such a man to feel that he has earned no higher title to public confidence than one who has paid for two courses of lectures in some obscure school, without any clinical advantages whatever, and that the community sets at precisely the same value the M.D. which to him is a badge of honor fairly earned, and the other, which is no test of qualification at all.

We very well know that the difficulties in the way of correcting this evil are enormous, and seem almost insurmountable. Nevertheless something, we hope a good deal, may be done by a sound opinion on the subject in the medical profession at large, by not allowing things to take their course, but by constantly keeping before their minds the difference between a complete and an incomplete medical education, by active enterprise on the part of the leading schools to keep up with the progress of medical science, never resting upon their oars and allowing the stream to pass by.

We were much pleased in the propositions adopted by the Teachers' Convention, with the emphasis given to the importance of a thorough preliminary education; although we regretted to see that a preparatory rudimentary knowledge of the natural sciences was struck out from the requirements of the original plan. This we consider a very great mistake, for it is a want of this very preliminary knowledge, which is not replaced in the ordinary curriculum of the medical schools, which is so often lamentably evident in medical practitioners. We cannot cheapen our educational standing without sacrificing our right to public confidence. As conductors of a medical journal, we are in a position to say, that our opportunities only too often remind us how much this condition is disregarded. We hold it as incontrovertible that without such a preparation no man, except one of uncommon genius, is fitted for our profession; this training is absolutely essential for the intellectual fitness of those who undertake the study of medicine. As well might it be expected that the untrained and clumsy muscles of a rustic can be converted by a few lessons into the elastic and sinewy form of an acrobat, as that the chaotic brain of every ambitious simpleton who sees a halo of glory surrounding the title of M.D. should be ready at once for the reception of the subtle truths, or the discussion of the difficult problems, which make our profession one of lifelong study. It is greatly to be desired that some even more rigid test of fitness could be employed by which the dunces and obviously unsuitable aspirants for medical honors could be stopped at the threshold and forever barred from passing within the temple of medical science; but this is too much to hope for. The nearest approach to such a consummation, then, is the requirement of a thorough preliminary training in applicants for matriculation;

and (what is no less important) a faithful, honest exercise of their power in excluding all unsuitable candidates, utterly regardless of personal considerations, on the part of medical teachers themselves; a power, we must say, which at the present time is too often allowed to lie dormant. Our limits forbid us to pursue the subject further on the present occasion, although we have barely entered on its discussion.

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*Annual Meeting of the Massachusetts Medical Society.*—The session of the first day, on the 4th inst., was well attended, and the readers of the various papers had a good audience. The programme which we have already given was varied by the substitution by Dr. Clark of a paper on the Contagiousness of Cholera, and by Dr. White of a sketch of the most recent theories on Syphilis, in place of those assigned in the programme to these gentlemen. We think it is a mistake to make such changes, as many of the audience are without doubt attracted by the special subjects previously announced. Dr. Coggswell, of Bradford, whose name was on the list of readers, was kept at home by professional engagements. The Councillors held their annual meeting in the evening, and the following gentlemen were elected officers for 1867-68:—*President*—Dr. Henry C. Perkins, of Newburyport. *Vice President*—Dr. Foster Hooper, of Fall River. *Recording Secretary*—Dr. Calvin G. Page, of Boston, Dr. Cheever having declined a re-election. *Recording Secretary*—Dr. Charles D. Homans, of Boston. *Treasurer*—Dr. Francis Minot, of Boston.

After adjournment, the Councillors were hospitably entertained by Dr. Henry W. Williams at his residence in Arlington Street.

The prize offered for the best essay on Expectant Medicine was not awarded by the Committee. But one essay was received, and that was not considered up to the standard required. The author will have it returned to him on application to the late Secretary of the Society, Dr. David W. Cheever, of Boston.

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*Monument to Laennec.*—The sum of twenty thousand francs has been raised in France for the erection of a monument to Laennec, the founder of the science of auscultation. This sum is said by the commission who have the subject in charge to be sufficient for a monument worthy of him and of France. No special effort has been made to obtain subscriptions outside of France, but sums have been received from the Medico-Chirurgical Society of London, and subscriptions are looked for from the medical societies of Ireland and Scotland, and also from the profession in Austria and Prussia. Our own country ought not to be without representation on the subscription list, for surely no more worthy name adorns the annals of medical science than that of Laennec. The monument, which is a statue of this illustrious man, was modelled by Lequesne, cast by Ducel, and is now on exhibition at the *Paris Exposition*. The ceremony of inauguration will take place in the latter part of May, 1868.

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*The Davidson Syringe for Cleansing the Ear.* MESSRS. EDITORS,—The ear douche described by Dr. Edward H. Clarke, in last week's JOURNAL, recalls what I have used for several years, and what I presumed was used generally by aurists, namely, Davidson's enema syringe, for cleansing the external ear of secretions or excretions. The instrument, as is known, consists of an elastic bulb fitted with valves, so that when squeezed in the hand the water is forced out at

one end, through some fifteen inches of elastic pipe; relaxing the pressure allows the water to be sucked up through the other end by a similar pipe. To use it for the ear, we attach the small nozzle which comes with it, intended for children. Allowing the suction pipe to lie in a pitcher of warm water on the table, we hold the bulb in the left hand, and with the right, or thumb and forefinger of the left, direct the nozzle into the ear. In the latter case, we have the right hand free to hold the water receiver, if the patient can't or won't, or with forceps to assist the exit of wax, &c. I find this method neat and cleanly, saving much time, and easily used by those in care of the patient, such an instrument being now found in nearly every family where there are children. From the elasticity of the piping, the stream can be made almost continuous. Of course as much force cannot be obtained with it as with a large syringe, to expel foreign bodies for instance, but by the pressure of the hand the force can be graduated at will. During the last three months, at the Eye and Ear Infirmary, I have used one in some two hundred cases, saving much time and slopping about of water, and what besides is of considerable importance, sparing fatigue to the hands.

Boston, June 3, 1867.

B. JOY JEFFRIES, M.D.

*Ear Douche.* MESSRS. EDITORS,—I contrived some months since, and now have in my medicine-trunk, almost a *fac simile* of Dr. Clarke's "ear douche," described in the JOURNAL for May 30, 1867. I have used it not only for the ear, but also with equal satisfaction for the *rectum* and *vagina*; and I am confident that a syringe, constructed on this principle of hydrostatic pressure, with nozzles of course appropriately adapted to the different apertures of the body, will supersede every previous invention of the kind. We may bid farewell to the valve-stickings, leakings, pumpings and squeezings of the past, and have something which will operate as beautifully as a fountain. The "flexible tube" should be four or five feet long, for the sake of greater force in certain cases; and the "glass jar" should be a tin box, with cover, that it may serve as a convenient receptacle to contain the tube and nozzles when not in use.

The above is communicated with the hope that our friends, Messrs. Codman & Shurtleff, or some other enterprising firm, may be induced to furnish us one good syringe of varied application, and thereby save us the trouble and expense of so many different instruments.

Yours truly,

L. L. SCAMMELL.

Hopkinton, June 1, 1867.

*Obituary.*—Dr. Jonathan M. Allen died in Lowell, at the house of his brother, Dr. Nathan Allen, on the 6th of April, of congestion of the lungs, with which he was seized six days before. He had long suffered from disease of the heart. His age was about 50. Dr. Allen was born in Princeton, in this State, in the year 1815, and, in early life, enjoyed only the advantages of a common school education in that quiet agricultural town. Having a great thirst for knowledge, he fitted for college at Amherst Academy, and entered Yale College in 1834. In 1838, he went to Philadelphia to prosecute medical studies and attend lectures. In 1840, he graduated at the University of Pennsylvania, and immediately became a teacher and lecturer on Anatomy connected with a private institution, where for years he had constantly over a hundred medical students under his instruction. Afterwards he occupied for several years the place of Demonstrator of Anatomy in the Jefferson Medical College, and from there he passed to the Professorship of Anatomy and Physiology in the Pennsylvania Medical College, which post he held seven or eight years. During this time he prepared and published the *American Medical Dissector*, a work extensively used as a text-book by medical students.

Dr. Allen not only excelled in medical sciences, but was an original thinker on moral and religious subjects, and well versed in literature, philosophy and history. Had his life and health been spared, the world would have been benefited by his labors and influence. His death is therefore a loss not only to his friends and relatives, but to the world generally.—*Abridged from Lowell Daily Citizen and News.*



**Public Bathing Houses.**—The number of public bathing houses is increased this season by six, making twelve in all, four of which will be for the exclusive accommodation of women and girls at all hours of the day and evening. This will greatly contribute to the comfort of working-women, a class not sufficiently accommodated last year. These establishments are located at Warren Bridge, Sectional Dock at East Boston, foot of Broadway at South Boston, and Dover Street bridge. The additional houses for males will be at Cragie's and Mt. Washington Avenue bridges. The women's baths will be under the superintendence of women, and will be made attractive to the most fastidious. Last year parties of ladies in carriages from distant sections of the city regularly visited the South Boston beach establishment, and this season the number of such bathers will doubtless be increased.

THE Prussian papers mention a new plan for the care of the wounded on a field of battle, which was tried during the war, and has now been definitely adopted. Every surgeon is to be provided with a pocket-book containing a pencil and a number of labels (like those sold for luggage apparently), with a string at one end. After attending to a wounded man, the surgeon writes on one of these labels the name of the wound and what he has done to it, signs the label, and ties it to the wounded man's button-hole. Thus the man can be carried at once by the hospital attendants to the proper place, and the surgeon to whom he is brought can learn in a moment the state of his wound, and proceed to dress it.

AN ordinance of the city of Zanesville, Ohio, requires that a license shall be obtained by all transient or travelling doctors or physicians plying their vocation in the city, for which each applicant shall pay the sum of five dollars for each day he proposes to remain there: and if a further stay is made, a new license must be obtained at the same rate. Non-compliance with the ordinance subjects the offender to the penalty of ten dollars for each day he shall have practised without a license.

WE are indebted to the New York *Medical Record* for the report of the last day's proceedings of the American Medical Association, as the one which we had received contained some important omissions.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 1st, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	52	32	84
Ave. mortality of corresponding weeks for ten years, 1856-1866	42.1	35.9	78.0
Average corrected to increased population	00	00	86.87
Deaths of persons above 90	0	0	0

##### COMMUNICATIONS RECEIVED.—"Examination of the External Auditory Passage."

MARRIED.—At Newtonville, George B. Sawtelle, M.D., of Malden, to Miss Eugenia Coolidge, of Newtonville.

DEATHS IN BOSTON for the week ending Saturday noon, June 1st, 84. Males, 52—Females, 32. Accident, 2—apoplexy, 2—disease of the bowels, 1—congestion of the brain, 4—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 3—cancer, 1—cholera morbus, 1—consumption, 11—convulsions, 3—croup, 1—diarrhea, 3—dropsy, 2—dropsy of the brain, 4—drowned, 3—dysentery, 1—scarlet fever, 6—typhoid fever, 1—gangrene, 1—gastrotritis, 1—disease of the heart, 2—indigestion, 1—infantile disease, 2—disease of the kidneys, 1—congestion of the lungs, 2—inflammation of the lungs, 5—measles, 1—old age, 1—premature birth, 2—smallpox, 6—syphilis, 1—unknown, 3—whooping cough, 1.

Under 5 years of age, 35—between 5 and 20 years, 9—between 20 and 40 years, 14—between 40 and 60 years, 13—above 60 years, 13. Born in the United States, 62—Ireland, 16—other places, 6.

HARVARD UNIVERSITY.

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Medical Department.

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EIGHTY-FOURTH

MEDICAL COURSE,

1867—68.

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BOSTON :

DAVID CLAPP & SON.....334 WASHINGTON ST.

Medical and Surgical Journal Office

1867.

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|--|--|
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|  | <b>CHARLES B. PORTER, M.D.</b><br>Assistant Demonstrator.          |

# ANNOUNCEMENT.

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THE MEDICAL SCHOOL OF HARVARD UNIVERSITY is established in Boston, in order to secure those advantages for clinical instruction and for practical anatomy, which are found only in large cities. The Medical College is near the Massachusetts General Hospital, and abundant clinical instruction is there given to the students of the Medical School. Clinical instruction is also given at the City Hospital, the Marine Hospital at Chelsea, the Eye and Ear Infirmary, and the Dispensary. In these Institutions many thousands of patients are treated annually, and opportunity is offered to study diseases of the eye, and syphilitic diseases, as well as the usual medical and surgical affections.

The School is furnished with a large and valuable Museum, and is provided with the most approved conveniences for the practical study of Anatomy and Chemistry. The course of instruction is continued throughout the year, with a vacation of eight weeks in summer. The Winter Course of Lectures begins on the first Wednesday in November, and continues seventeen weeks. The Summer Session affords opportunities to those who would pursue their course continuously in the School.\* Access is afforded to Lectures, given at the University in Cambridge, on Comparative Anatomy, Zoölogy, Botany, Optics, Acoustics, and other subjects connected with Medicine and Surgery. A Clinical Conference is held every week, at which students are practised in observation, diagnosis, prognosis, and treatment, under the guidance of professors and hospital physicians and surgeons. Six House Pupils are annually appointed from the students by the Trustees of the Massachusetts General Hospital, according to ability and worth, ascertained by personal knowledge and written testimony. Five House Pupils are selected, on competitive examination by the Medical Board of the City Hospital, to occupy offices in that institution. Two Examinations for medical degrees are held annually, viz.: in March, at the close of the Winter Lectures, and in July, just prior to the University Commencement at Cambridge.

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\* A detailed account of the lectures and recitations of the Summer Session can be found in the annual advertisement of that term, which will be forwarded to any address on application to D. Clapp & Son, 334 Washington Street, Boston.

## WINTER SESSION,

1867 — 68.

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THE regular Winter Course of Lectures will begin on the *first Wednesday in November*, and continue seventeen weeks. It will be the aim of the Professors to present theoretically, clinically, and in the operating room, a comprehensive and illustrated view of the important scientific and practical details of medical and surgical science.

*This course of lectures is complete in itself, and is the usual winter course of medical colleges.* Its duration has not been augmented; but a SUMMER TERM has been established. The Corporation of Harvard College, at the instance of the Medical Faculty, authorized the latter to extend the term of instruction, for students who desire it, throughout the year. This arrangement has now for many years been carried into effect; and the Faculty has been gratified to find that this policy, of the advantages of which there can be little doubt, has since been so generally appreciated.

In announcing the Eighty-Fourth Course of Lectures, the Faculty feel justified in stating that the greatly increased number of students attending the sessions of the Medical Department, testifies to the excellent facilities for acquiring medical knowledge offered by the scientific resources of the New England metropolis.

The Massachusetts General Hospital, established in 1811, and contiguous to the Medical School, the new City Hospital on Harrison Avenue, and the various medical institutions of the city, are all rendered available to medical students; and no means or opportunities are neglected by the Faculty which shall enable those attending the Winter Course to obtain thorough and practical acquaintance with the subjects of their studies. As evidence of the very large opportunity afforded for the observation and study of Practical Surgery, the list of Surgical Operations performed, in presence of the class, at the Massachusetts General Hospital, during the year ending March 1st, 1867, is here appended.

*Operations at the Mass. Gen. Hosp. from March 1, 1866, to March 1, 1867.*

Amputation, Hand,	1	<i>Numbers bro't forward,</i>	170
Fingers,	8	Nevus,	8
Thigh,	8	Necrosis,	50
Leg,	12	Perineum (ruptured),	2
Toes,	7	Perineal Section,	10
Breast,	24	Phymosis,	8
Reamputation, Stump,	8	Paraphymosis,	1
Anchylolosis, Shoulder,	2	Plastic Operations,	10
Wrist,	1	Polypus Nasi,	6
Knee,	2	Recti,	1
Artery, Lig. of, Brachial,	1	Uteri,	2
Post. Tibial,	1	Removal of Needle,	1
Blephoroplasty,	1	Steel,	3
Bullet, removed,	4	Toe Nail,	4
Carbuncle,	4	Rhinoplasty,	1
Caries,	3	Staphyloraphy,	2
Dislocation, Shoulder,	6	Strabismus,	3
Elbow,	3	Stricture of Rectum,	1
Radius,	2	Talipes,	15
Hip,	2	Testis (removed),	6
Enucleation, Eye,	3	(incised),	2
Epulis,	1	Tracheotomy,	2
Excision, head of Femur,	1	Trephining,	3
Elbow,	1	Tumor, Epithelial,	27
Superior Maxilla,	1	Erectile,	5
Inferior    “	2	Fatty,	8
Fistula in Ano,	14	Fibrous,	3
Felon,	7	Fibro-Cellular,	2
Harelip,	3	Glandular,	12
Hemorrhoids,	17	Myeloid,	2
Hernia, Inguinal,	3	Encysted,	7
Femoral,	1	Varicose Veins, Lig. of,	2
Hydrocele,	10	Varicocele,    “	1
Hypospadias,	1	Vesico-Vaginal Fistula,	8
Imperforate Rectum,	1	Wiring ununited Fracture,	2
Lithotrixy,	5	Minor Operations,	69
	170		459



## SPECIAL BRANCHES OF STUDY.

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THE following branches are annually taught:—Anatomy and Physiology; Comparative Anatomy; Physiology and Pathology of the Nervous System; Pathological Anatomy; Surgery, Clinical and Operative; Theory and Practice; Clinical Medicine; Midwifery and Medical Jurisprudence; Materia Medica; Chemistry.

**Anatomy and Physiology.**—The Lectures on these branches are largely illustrated by the anatomical preparations and models of the Warren Museum, and by an extensive series of colored drawings and diagrams. In addition to his regular Lectures, Prof. Holmes gives practical instruction upon the use of the MICROSCOPE, as applied to the branches which he teaches. A very ample collection of microscopic preparations is employed in illustrating this department of study.

The Assistant Professor of Anatomy will conduct an examination, twice a week, on all the matter gone over in the Anatomical Lectures.

**Physiology and Pathology.**—This department is under the charge of Prof. C. E. BROWN-SEQUARD. The lectures are practical and largely illustrated by cases, experiments, dissections and demonstrations.

**Practical Anatomy.**—Anatomical material is abundantly furnished, and at a very moderate cost. The Dissecting-room is well warmed, and ventilated; supplied with numerous water-fixtures, and the tables lighted by brilliant gas-reflectors. It is furnished with the Anatomical Plates of Bourguery, and with excellent Diagrams of the Nervous System. It is open day and evening; and contains every facility for becoming thoroughly acquainted with the anatomy of the human body.

The Demonstrator, or Assistant Demonstrator, will attend daily in the Dissecting Room, and superintend the Dissecting.

**Pathological Anatomy.**—The Lectures upon this branch are abundantly illustrated by specimens from the Warren Anatomical Museum, and from the large cabinet of the Boston Society for Medical Improvement. A great variety of morbid products are also exhibited to the class *in the recent state*.

The *Autopsies* at the MASSACHUSETTS GENERAL HOSPITAL, which are conducted under the immediate direction of Prof. C. Ellis, and at the City Hospital by Dr. Swan, afford the student an invaluable opportunity to become familiar both with the proper manner of conducting such examinations, and with the changes produced by disease.

**Surgery.**—The Surgical Lectures are illustrated by a magnificent collection of colored drawings, and by recent and morbid specimens. All the new and approved surgical instruments and

apparatus are exhibited, and their use explained. In addition to operations on the living subject at the Hospital, operative surgery is taught and operations are performed upon the dead body, as a part of the illustrations of the Surgical Lectures.

**Clinical Surgery** is taught at the MASSACHUSETTS GENERAL HOSPITAL by Prof. Bigelow. Operations occurring at the Hospital are performed in the presence of the class. These operations are explained, and the points in surgery which they illustrate are dwelt upon at length, by the Professor, in his general as well as in his clinical Lectures. Students are enabled to examine for themselves the surgical cases which are to be found in this metropolitan Hospital, and at the City Hospital, with the surgeons of that institution. They also have ample opportunity to become familiar with fractures and minor surgery.

**Surgical Operations.**—Especial attention is directed to the great number and variety of SURGICAL OPERATIONS performed weekly at the MASSACHUSETTS GENERAL HOSPITAL, and at the CITY HOSPITAL, in the presence of the students, and to the Clinical Surgical instruction which is given in both these Hospitals.

**Theory and Practice of Medicine.**—The Theory of Medicine, or Pathology, general and special, is taught by lectures, recitations and examinations at the Medical College. The Practice of Medicine is taught in the wards of the MASSACHUSETTS GENERAL HOSPITAL, and of the CITY HOSPITAL, where students meet the Professor at the bed-side three times in each week.

**Clinical Medicine**—Is taught in the WARDS of the MASSACHUSETTS GENERAL HOSPITAL, and of the CITY HOSPITAL, and in lectures at the Medical College. Prof. BOWDITCH will also give especial instruction on Auscultation and Percussion, and on the diagnosis of diseases of the Heart and Lungs.

**Dermatology.**—A course of lectures on Diseases of the Skin, illustrated by cases selected from the out-patients of the Massachusetts General Hospital, will be given by Prof. JAMES C. WHITE.

By arrangements with the managers of the BOSTON DISPENSARY, the medical class are admitted to the medical and surgical practice of this large charity. More than eight thousand patients are treated annually at the Dispensary. An extended opportunity is here afforded for the clinical study of diseases of the skin and of the eye and ear, and of syphilis, as well as of ordinary cases.

**Society for Medical Observation.**—Profs. Bowditch, Ellis, Hodges, White, Cheever and other medical gentlemen, will meet the students once a week for the reading of cases and for criticism thereupon. These meetings form, indeed, a Society for Medical Observation. From the great interest heretofore exhibited in them by the students, the Professors cannot forbear recommending them as one of the important features of this course of college instruction.

**Midwifery.**—The Lectures on this branch are eminently practical. Every opportunity is embraced to illustrate them with plates,

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specimens and diagrams. The various manipulations, a familiarity with which is indispensable to the accoucheur, are taught by means of the manikin. All modern and valuable obstetric instruments are exhibited and their use explained.

**Medical Jurisprudence** is taught by the Professor of Midwifery. The course exhibits the principles of legal medicine, and treats of the practical matters which are involved in the position and duties of experts, in medical testimony, and in the examination of medico-legal questions.

**Materia Medica.**—The physiological and therapeutical action and properties of drugs are especially dwelt upon. An extensive collection of specimens and pharmaceutical preparations is used to illustrate the lectures. Every opportunity is embraced to teach this department from the point of view of Therapeutics.

**Chemistry.**—The Lectures on this branch include both inorganic and organic Chemistry. Particular attention is given to Animal Chemistry and its relations to Physiology and Pathology. A special course on Toxicological Chemistry will be given during the ensuing winter. The lectures are fully illustrated by experiments.

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**HOSPITALS.**—The extensive wards of the *Massachusetts General Hospital*, on Allen street, adjoining the College, and of the *City Hospital*, on Harrison Avenue, contain a very large aggregate of patients. The medical and surgical practice of these Hospitals is open to students gratuitously, subject to the regulations of the Trustees. Clinical instruction is given in them, in medicine, surgery and ophthalmic surgery, illustrated by cases in the wards, by weekly surgical operations, and by a large Ophthalmic Clinique. (See "Special Branches of Study.")

**WARREN MUSEUM.**—The magnificent hall of the Warren Anatomical Museum is open to students for the inspection and study of specimens, under the direction of Prof. Jackson, the Curator.

**LIBRARY.**—The *Library* contains a large collection of modern medical works, and many duplicates of the best Text Books. Yearly additions are made to the Library, which is open to students.

**MASSACHUSETTS EYE AND EAR INFIRMARY.**—An excellent opportunity is afforded to medical students for the clinical study of diseases of the Eye and Ear, at this Infirmary, which, by the liberality of its medical officers, is accessible, without fee, during their visit in the wards.

**UNITED STATES MARINE HOSPITAL, CHELSEA.**—Dr. Graves has kindly consented to allow students to visit the patients at this Hospital. Students will here find, among other subjects for study, a large collection of diseases incident to such an Institution.

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**Fees.**—Fees for the Winter Course of Lectures, \$121; Matriculation fee, \$5 (to be appropriated to the increase of the Library, and is to be paid to the Dean), Graduation fee, \$30. A fee of \$5 is to be paid by those students who use the Dissecting Room during the winter months.

**Boarding-Houses.**—Good board can be obtained in the city at from \$4 to \$6 per week.

Students are invited, upon coming to town, to call upon Dr. Shattuck, Dean of the Faculty, 24 Stanford Street, who will be happy to afford them any information in his power, and to whom all letters must be addressed.

# SUMMER SESSION,

1867.

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THE Summer School is designed to cover the entire course of Medical and Surgical study, by daily Recitations, Demonstrations, Hospital Attendance, Examinations and Lectures, thus accomplishing thoroughly, by a division of labor, what must otherwise be undertaken by a single physician. The statute regulations relative to medical degrees require "three years of professional study under the direction of a regular practitioner of medicine." The Faculty of the University, by means of this Summer Session, collectively furnish the detailed instruction necessary for the fulfilment of this law, bringing to their aid all the facilities afforded by a large city, and the advantages of a long-established School. This method was first adopted in Boston twenty-five years ago, and the success which has attended the system has led to a general recognition of its great superiority for the acquirement of a medical education.

The College is in the immediate neighborhood of the Massachusetts General Hospital, and the very large number of surgical operations of every variety performed twice a week at this institution, during the whole Summer Session, affords a great opportunity for information to students interested in Practical Surgery.

Subjects for dissection and cases of midwifery are supplied without charge, and the Chemical Laboratory is open for the practical study of Chemistry to students of the Summer School. There is also a room devoted to practical instruction in the use of the Microscope in pathological anatomy.

The following Schedule of Recitations and Lectures of the present year will convey an idea of the character and extent of instruction given. The announcement of the Summer School will be forwarded to any address, on application to D. CLAPP & SON, 334 Washington Street, Boston.

## FIRST TERM.

**Recitations.**

*Practical Anatomy.* March and April, twice a week. *Surgical Anatomy*, April, 5 o'clock, daily, in the Dissecting Room.

*Pathological Anatomy.* March, April, May and June, twice a week.

*Comparative Anatomy.* Embryology, March, April, May and June, twice a week.

*Obstetrics.* March, April, May and June, twice a week.

*Surgery.* March, April, May and June, twice a week.

*Physiology.* March, April, May and June, twice a week.

*Theory and Practice.* March, April, May, June and July, twice a week.

*Chemistry.* June and July, twice a week. The *Chemical Laboratory* is open for instruction during the summer months.

*Materia Medica.* June and July, twice a week.

*Clinical Medicine.* June and July, twice a week.

*Clinical Surgery.* July, once a week.

## CLINICAL INSTRUCTION.

*Massachusetts General Hospital.* Medical Visits, Monday and Thursday; Clinical Medical Lecture, Monday; Surgical Visits, Wednesday and Saturday; Surgical Operations, Wednesday and Saturday; Clinical Surgical Lecture, Thursday.

*City Hospital,* Tuesday and Friday. Ophthalmic Clinique, Tuesday; Clinical Surgical Lecture, Friday; Surgical Operations, Friday.

Clinical instruction is also given at the Dispensary, the Massachusetts Eye and Ear Infirmary, and at the U. S. Marine Hospital, Chelsea.

**Lectures at Cambridge.**

On the *Mutual Relation of the Sciences.*

On *Botany*—On *Natural Philosophy.*

*Rumford Lectures on Heat.*

Prof. AGASSIZ at the *Museum of Comparative Zoölogy.*

## SECOND TERM.

**Recitations.**

*Anatomy*, twice a week; *Practical Anatomy*, October, daily, in the Dissecting Room.

*Theory and Practice*, four times a week.

*Chemistry*, twice a week.

*Materia Medica*, twice a week.

*Clinical Medicine*, twice a week.

*Clinical Surgery*, once a week.

*Lectures on the Microscope.*

*Clinical Instruction*, as during the first term.

**Lectures at Cambridge.**

*Anatomy*, Prof. WYMAN.

## TEXT - BOOKS

RECOMMENDED by the Faculty, in the order in which they appear. The first named in each department is the text-book used in recitation.

### *Anatomy.*

Wilson's Anatomy.  
Gray's Anatomy.

#### *Collateral Reading,*

Sharpey and Quain.  
Bell.  
Kölliker.  
Wilsons's Practical and Surgical  
Anatomy.  
Holden's Osteology.

### *Practical Anatomy.*

Hodges's Dissections.  
Harrison's Dublin Dissector.

Ellis's Demonstrations.  
Holden's Manual of Dissections.

### *Physiology.*

Dalton's Human Physiology.  
Carpenter.

Todd and Bowman.  
Cyclopædia of Anatomy and Physi-  
ology.  
Draper.  
Müller.

### *Pathological Anatomy.*

Virchow's Cellular Pathology.  
Paget's Surgical Pathology.

Vogel.  
Rokitansky.

### *Surgery.*

Druitt's Surgery.  
Malgaigne's Operative Surgery.  
Gross's Surgery.

Paget's Lectures on Surgical Patho-  
logy.  
Erichsen's Surgery.  
Holmes's Surgery.

### *Theory and Practice, and Clinical Medicine.*

Flint's Practice of Medicine.  
Tanner's " "  
Wood's " "  
Watson's Theory and Practice.  
Aitkin's Science and Practice of  
Medicine.

Condie's Diseases of Children.  
West's " "  
Bennett's Clinical Lectures.  
Todd's Clinical Lectures.  
Reynolds's System of Medicine.

### *Diseases of Women.*

Ashwell's Diseases of Women.

Colombat's Diseases of Women.

### *Midwifery.*

Churchill's System of Midwifery,  
and Diseases of Females.

Ramsbotham's Midwifery.  
Cazeaux's "

*Materia Medica.*

United States Dispensatory.	Pereira.
Trousseau and Pidoux.	Parrish's Practical Pharmacy.
Wood's Therapeutics and Pharmacology.	Stillé's Therapeutics and Materia Medica.

*Chemistry.*

Brande and Taylor's Chemistry.	Miller ; Graham.
Lehmann's Physiological Chemistry.	Day's Physiological Chemistry.
	Odling's Animal Chemistry.
	Bowman's Medical Chemistry.

*Medical Jurisprudence.*

Taylor's Medical Jurisprudence.	Beck's Medical Jurisprudence.
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*Comparative Anatomy and Physiology.*

Carpenter's Principles of Comparative Anatomy.	Owen's Lectures on Comparative Anatomy.
Huxley's Elements of Comparative Anatomy.	

*Zoölogy.*

Carpenter's General and Comparative Physiology, 4th ed.	Agassiz's Lectures on Comparative Embryology.
Wagner's Comparative Anatomy of Vertebrated Animals.	Owen's Lectures on Comparative Anatomy.
	Müller's Physiology.

*Botany.*

Gray's Botanical Text-Book ; or Gray's First Lessons.  
 Gray's Manual of the Botany of the Northern United States.

**FEES FOR THE SUMMER SESSION.**

The fee for matriculation is \$5. This is appropriated to the increase of the Library, and is to be paid to the Dean.

The fee for instruction during the long Term, from the first of March to the first of November (from July 14th to September 13th being appropriated to a vacation), is \$100. The fee for the entire year, for the Winter Lectures as well as for the Summer Course, is \$200. The fee for graduation is \$30.

The dissecting room is open during the months of March, April and October, and supplied with subjects for the use of students of the Summer Course without additional expense. There is no charge for the use of the Library or for visits to the Hospitals.

The introduction of a Summer Course of instruction involves no change in the amount or character of the Winter Course of Lectures as heretofore conducted, nor in the requisites for a medical degree.

☞ Students are invited, on coming to town, to call upon Dr. Shattuck, Dean of the Faculty, 24 Staniford Street, and to whom all letters must be addressed.

# CATALOGUE OF STUDENTS.

1866—67.

NAME.	RESIDENCE.	INSTRUCTORS.
Adams, Frank Wayland, A.M. (Amherst Coll.)	Brookfield,	John S. Butler.
Adams, Orion John Hall,	Georgetown, Ky.	Harv. Med. School.
Aldrich, Ezra Barnes,	Lowell,	Levi Pierce.
Allen, Josiah Harding,	Barre,	Charles G. Allen.
Andrews, Charles T., A.B. (Acadia Coll.)	Nova Scotia,	D. McN. Parker.
Andrews, Joseph,	St. John, N. B.	Robert Provan.
Armstrong, Robert,	New Brunswick,	J. R. Hagerman.
Arnold, Oliver Henry, A.B. (Brown Univ.)	Providence, R. I.	{ A. Howard Okie, Harv. Med. School.
Ballard, Albert Manley,	Framingham,	Dr. Burnham.
Barber, Charles Joseph,	Winchester, N. H.	{ G. B. Twichell, Phiny Earle.
Barden, Edward Emery,	Rockport,	S. H. Worcester.
Barnaby, Clarence D.	Cornwallis, N. S.	J. M. Barnaby.
Barstow, Rogers Levi,	Mattapoisett,	Dr. Sweet.
Barteaux, Edward Lawrence,	St. John, N. B.	Harv. Med. School.
Basset, Elton James,	Taunton,	S. D. Presbrey.
Baylies, Alfred Wood,	Taunton,	Dr. Baylies.
Beach, Henry Harris Aubrey,	Cambridge,	J. Stearns.
Berry, James Alonzo,	Newton Corner.	
Bishop, William Patten,	Bathurst, N. B.	John Pallen.
Blaisdell, George Carr,	Goffstown, N. H.	{ Alonzo F. Carr, W. D. Buck, L. B. How.
Blaisdell, Walter Channing,	Boston,	J. S. Jones.
Blake, John Tower,	Providence, R. I.	H. W. King.
Blood, Robert Allen,	Springfield, N. H.	H. C. Bickford.
Boardman, Edward Everett,	Somerville,	C. H. Spring.
Boardman, William Elbridge, A.B.	Boston,	Harv. Med. School.
Bodge, James Henry, A.B. (Dart. Coll.)	Boston,	Harv. Med. School.
Boner, Charles Albert,	Boston,	M. Rosenstein.
Boothby, Alonzo, M.D.	Boston.	
Boothby, Austin Alphonso,	Livermore, Me.	Alonzo Boothby.
Borden, Frederic William, A.B. (King's Coll., N.S.)	Cornwallis, N. S.	J. Borden.
Borden, Henry Francis, S.B.	N. Bridgetouter,	A. K. Borden.
Botterell, James Albert,	St. Johns, N. F.	Harv. Med. School.
Boutwell, Henry Thatcher, A.B.	Nashua, N. H.	J. Wyman.
Bowditch, Henry Pickering, A.M.	W. Roxbury,	{ J. Wyman, Harv. Med. School.
Bowen, William Shaw,	E. Greenwich, R. I.	Harv. Med. School.
Boyd, Robert Alfred,	Nashua, New Prov	{ W. Kirkwood, Harv. Med. School.
Bradford, Thomas Lindsley,	Francestown, N. H.	O. L. Bradford.
Brigham, Charles Brooks, A.B.	Boston,	J. Wyman.



NAME.	RESIDENCE.	INSTRUCTORS.
Brigham, Edwin Howard,	<i>Boston,</i>	{ A. N. McLaren, Harv. Med. School.
Brine, John Frederic,	<i>Halifax, N. S.</i>	{ W. J. Almon.
Brooks, George Frederic,	<i>Cambridgeport,</i>	{ Alonzo Boothby.
Bull, George Henry,	<i>Hartford, Ct.</i>	{ G. W. Russell.
Buttrick, Abner Wheeler, A.B. (Williams Coll.)	<i>Lowell,</i>	{ D. Gage.
Caldwell, Arthur Brooks,	<i>Hillsboro', Va.</i>	{ J. F. Taylor, Harv. Med. School.
Caldwell, Charles, A.B. (Dart. C.)	<i>Byfield,</i>	{ W. D. Buck, L. B. How.
Caldwell, Charles Edmund,	<i>Woodstock, N. B.</i>	{ S. Woodford, Charles Cornell.
Caldwell, William Minns,	<i>St. John, N. B.</i>	{ Dr. Baxter.
Campbell, Duncan,	<i>Nova Scotia,</i>	{ H. Cameron.
Carleton, Charles Greenleaf,	<i>Haverhill,</i>	{ A. P. Hooker, Harv. Med. School.
Carpenter, Frederic Benoni,	<i>Pawtucket, R. I.</i>	{ B. Carpenter, L. Morton.
Carvill, Alphonso Holland, A.B. (Tufts Coll.)	<i>Lewiston, Me.</i>	{ H. C. Bradford.
Casey, Kitson,	<i>New Brunswick,</i>	{ John Kitchen, J. E. Price.
Chase, Theodore, A.M.	<i>Boston.</i>	
Chenery, Elisha, M.D.	<i>Cambridgeport.</i>	
Chipman, Henry, A.B. (Kings Coll., N.S.)	<i>Cornwallis, N. S.</i>	{ J. Borden.
Chisholm, Donald,	<i>Nova Scotia,</i>	{ H. Cameron.
Churchill, John Henry,	<i>Boston,</i>	{ Rufus Baker.
Cilley, Orran George,	<i>Biddeford, Me.</i>	{ J. Sawyer.
Clark, William Johnson,	<i>Chester, Vi.</i>	{ H. P. Hemenway.
Cleaves, Royal Lewis,	<i>Bridgeton, Me.</i>	{ J. H. Kimball.
Clough, Benjamin Franklin,	<i>Boston,</i>	{ J. H. Dix.
Cogswell, Edward Russell,	<i>Cambridge,</i>	{ Harv. Med. School.
Coleman, James Anderson,	<i>Nova Scotia,</i>	{ E. N. Payzant.
Colgrove, Charles Hiram,	<i>Boston,</i>	{ J. B. Sawyer.
Collie, James Ross,	<i>Pictou, N. S.</i>	{ E. D. Roach.
Connelly, Michael E.	<i>Weedspout, N. Y.</i>	{ William Bass.
Corey, Frank Edwin,	<i>Sturbridge,</i>	{ E. Witter.
Corbett, Henry Thomas,	<i>Kingston, C. W.</i>	{ H. Yates, J. R. Dickson.
Cornish, Ellis Holmes,	<i>Halifax,</i>	{ Robert Provan.
Cowdrey, Stevens George, A.M.	<i>Woburn,</i>	{ J. Underwood, H. H. F. Whittemora.
Cowperthwait, Henry Nelson,	<i>Boston,</i>	{ H. L. McDonald.
Crane, Albert, M.D.	<i>New York City.</i>	
Cram, Ashbel Henry,	<i>Portland, Me.</i>	{ T. F. Perley.
Crawford, John William,	<i>Lawrence,</i>	{ M. Roberts.
Cruise, William,	<i>Richebucto, N. B.</i>	{ Dr. McLaren.
Cushing, Henry Joseph, A.B. (Waterv. Coll.)	<i>Skowhegan, Me.</i>	{ J. S. Cushing.
Daly, James,	<i>Lawrence,</i>	{ M. Roberts.
Davis, Charles Henry,	<i>Sterling,</i>	{ Harv. Med. School, U. S. Marine Hos.
Derby, Richard Henry, A.B.	<i>Boston,</i>	{ J. Wyman.
Des Brisay, Thomas De La Cour,	<i>Dartmouth, N. S.</i>	{ T. B. Des Brisay.
De Wolf, Albert,	<i>Wolfville, N. S.</i>	{ Harv. Med. School.
Dodd, Simon Walker,	<i>Charlottetown, P.E.I.</i>	{ H. Johnson, Harv. Med. School.
Doe, Orlando Witherspoon, A.B.	<i>Boston,</i>	{ Harv. Med. School.

NAME.	RESIDENCE.	INSTRUCTORS.
Doherty, Hugh, A.M. (Will. Coll.)	<i>Boston,</i>	H. G. Clark.
Donaldson, Niles Ichabod,	<i>Bombay, N. Y.</i>	Dr. Burnham.
Dorrance, Samuel Richmond, A.M. (Brown Univ.)	<i>Providence, R. I.</i>	C. W. Parsons.
Dow, William Wellman,	<i>Dover, N. H.</i>	{ T. J. W. Pray,
Drake, Olin Milton,	<i>Boston,</i>	{ Harv. Med. School.
Draper, Edgar Le Roy,	<i>Ware,</i>	{ O. S. Sanders.
Draper, Frank Winthrop, A.M. (Brown Univ.)	<i>Wayland,</i>	{ E. C. Richardson,
Draper, Joseph Rutter, M.D.	<i>Boston.</i>	{ Harv. Med. School.
Dresser, Simeon Parker,	<i>Grafton, Vt.</i>	George Dresser.
Drury, Orsamus Monroe,	<i>Athol,</i>	James Coolidge.
Dunham, Benjamin Eugene,	<i>East Abington,</i>	Dr. Tanner.
Dunham, Martin Van Buren,	<i>N. Bridgewater,</i>	J. F. Richards.
Durgin, Samuel H., M.D.		
Dwight, Thomas, Jr.	<i>Boston.</i>	Harv. Med. School.
Elliott, Herbert,	<i>Halifax, N. S.</i>	C. Wesselhoef.
Emerson, Justin Edwards, A.B. (Will. Coll.)	<i>Hawaiian Islands,</i>	D. W. Miner.
Emerson, Nathaniel Bright, A.B. (Will. Coll.)	<i>Hawaiian Islands,</i>	S. Clapp.
Emery, Erastus,	<i>Chatham,</i>	M. E. Simmons.
Eudy, Leonard Marshall,	<i>Bethlehem, N. H.</i>	G. S. Gove.
Evans, Branch Eldridge,	<i>Pictou, N. S.</i>	Harv. Med. School.
Fales, George Henry, A.B.	<i>Boston,</i>	I. I. Fales.
Farlow, William Gilson, A.B.	<i>Newton,</i>	J. Wyman.
Fenn, A. I., M.D.		
Fichtenkam, Henry Lamartine,	<i>St. Louis, Mo.</i>	Harv. Med. School.
Fisher, John Bryant,	<i>Hanson,</i>	{ J. C. Stockton,
Fitz, Reginald Heber, A.B.	<i>Brookline,</i>	{ D. Chaplin.
Fleming, Alexander,	<i>Stanley, N. B.</i>	Harv. Med. School.
Folsom, Edward Channing,	<i>South Reading,</i>	D. Evans, Dr. Gregory.
Folsom, Charles Follen, A.M.	<i>Cambridge,</i>	Harv. Med. School.
Fontaine, Isaac,	<i>Blackstone,</i>	{ D. W. Cheever,
Forman, Jacob Gilbert,	<i>Boston,</i>	{ J. Wyman.
Forster, Edward Jacob,	<i>Charlestown,</i>	{ J. A. Lainglais.
France, Shirley Henry,	<i>Boston,</i>	{ John T. Hodgen.
Frazer, Frederick Lyman,	<i>Newton.</i>	{ A. B. Bancroft,
Freeman, Samuel, M.D.	<i>Chelsea,</i>	{ Harv. Med. School.
Frink, Charles Totman,	<i>Greenfield,</i>	{ L. E. Franks, <i>Boston,</i>
Fulton, John Beverage,	<i>Boston,</i>	{ F. W. Campbell, <i>Montr'l.</i>
Gage, William Hathorne,	<i>Exeter, N. H.</i>	E. A. Frink.
Galligan, Francis Edward, A.B. (Coll. Holy Cross)	<i>Taunton,</i>	{ S. M. Logan,
Garvie, Frank Forbes,	<i>Halifax, N. S.</i>	{ Harv. Med. School.
Garvin, Lucius Fayette Clark, A.B. (Amh. Coll.)	<i>Pawtucket, R. I.</i>	{ John B. Garvie,
Gavin, Michael F., M.D.		{ Arthur Moren.
Gay, George Washington,	<i>Swansey, N. H.</i>	{ W. F. Perry,
		{ Harv. Med. School.
		{ G. L. Underwood,
		{ G. B. Twichell.

NAME.	RESIDENCE.	INSTRUCTORS.
Gleason, Jubal Converse, A.B. (Amh. Coll.)	Hubbardston,	L. F. Billings.
Goddard, Elliot,	Charlestown.	
Goodwin, Charles,	South Reading,	C. Jordan.
Gordon, John Alexander,	New Perth, P. E. I.	{ J. E. Robertson, J. Knox.
Goss, Francis Webster, A.M.	Cambridge,	Harv. Med. School.
Gove, Charles Stephens,	Whitefield, N. H.	J. W. Barney.
Granger, James, Nathaniel, Ph. B. (Brown Univ.)	Providence, R. I.	Geo. E. Mason.
Greenleaf, Richard Cranch, Jr., A.B.	Boston,	J. Wyman.
Gunter, Leverett Duncan,	Frederickton, N. B.	{ U. S. Marine Hos. Harv. Med. School.
Gusman, Constantine Carolus,	Nicaragua,	Harv. Med. School.
Hahn, Ammi Ruhamah, A.B. (Dart. Coll.)	East Boston,	{ Harv. Med. School. W. H. Thorndike.
Hale, Josiah Little, Jr., A.M. (Hobart Coll. N.Y.)	Newburyport,	{ F. A. Howe, Harv. Med. School.
Hall, Sidney Storrs,	Rosendale, Wis.	{ Storrs Hall, Stephen Cushing.
Handy, George Warren,	Iowa City, Ia.	Harv. Med. School.
Harris, Francis Augustine, A.B.	W. Cambridge,	J. C. Harris.
Harris, Frederic Morton,	Boston,	D. K. Warren.
Hastings, William Henry Howe,	Sterling,	{ G. L. Underwood, Harv. Med. School.
Hatch, William Allen, A.M. (Waterv. Coll.)	Waterville, Me.	{ J. H. Scoon, S. A. Allen.
Hatton, George Eversdyke,	Dedham,	Harv. Med. School.
Heaton, Charles William, A.M.	Boston,	George Heaton.
Hibbard, William Warner,	Worcester,	F. H. Kelley.
Hildreth, John Lewis,	Peterboro', N. H.	{ W. D. Buck, L. B. How, Albert Smith.
Hill, Edward Henry,	Harrison, Me.	{ E. M. Wight, G. L. Kilgore.
Hodges, William Hammatt,	Boston,	Harv. Med. School.
Hill, Francis Orman Jonath. Smith,	Newburgh, Me.	J. B. Benjamin.
Holmes, Thomas Burrus,	Sauk-Centre, Min.	Dr. Kinne.
Holt, Edward Brown,	Lowell,	D. Holt.
Hooper, Henry, Jr., A.B.	Marblehead,	{ E. P. Abbé, Harv. Med. School.
Hosmer, Charles Edward, A.B. (Brown Univ.)	Bedford,	Harv. Med. School.
Howard, Edwin Clarence Joseph Turpin,	Monrovia, Liberia,	Harv. Med. School.
Hunt, David, Jr.	Providence, R. I.	W. von Gottschalk.
Hunt, Moses Nowell,	Danvers,	Eben. Hunt.
Hutchinson, George Franklin,	Cambridge,	Dr. Field.
Inchby, James,	St. John, N. B.	W. W. Gordon.
Jackson, Walter Marsh,	Providence, R. I.	A. H. Okie.
Jacobs, Chauncy Alonzo,	Springfield,	H. Jacobs.
Jacobs, Thomas Shreve,	Sidney, N. S.	G. Jacobs.
James, William,	Cambridge,	Harv. Med. School.
Jaques, Edwin Devereux,	Norway, Me.	A. L. Hersey.
Jelley, George Frederick, A.B. (Brown Univ.)	Salem,	Harv. Med. School.
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Kennedy, George Golding, A.B.	<i>Dorchester,</i>	{ J. Wyman,
Kennedy, James Freeland,	<i>St. John, N. B.</i>	{ Harv. Med. School.
Kent, Barker Brooks, Jr.	<i>Boston,</i>	{ Walter Tyrrell.
Kimball, James Henry,	<i>Boston,</i>	{ A. D. Sinclair,
Kittredge, Charles Marsh, A.B. (Amh. Coll.)	<i>Mount Vernon, N.H.</i>	{ Harv. Med. School.
Knight, Edward Balch,	<i>Providence, R. I.</i>	{ W. H. Lewis.
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		{ W. von Gottschalck.
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Lund, Oscar Frederic, A.B. (Will. Coll.)	<i>Boston,</i>	S. M. Logan.
Lynn, Charles William,	<i>Boston,</i>	W. H. Lewis.
		T. H. Gage.
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McDonald, John F.	<i>Halifax, N. S.</i>	{ Dr. Tupper,
McDonald, Matthew,	<i>Boston,</i>	{ Dr. Wickwire.
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Mackie, W. B., M.D.		
Maclaren, Peter,	<i>New Perth, P. E. I.</i>	J. E. Robertson.
McLaughlin, James Augustus, M.D.	<i>Boston.</i>	
MacLeod, Angus,	<i>Charlottown, P.E.I.</i>	W. G. Sutherland.
McMahon, John Joseph,	<i>Roxbury,</i>	Dr. Walker.
McRobert, Edward True,	<i>Londonderry, N. S.</i>	Harv. Med. School.
Mann, Benjamin Houston,	<i>Roxbury,</i>	Benjamin Mann.
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Marshall, Albert Quincy, A.M. (Waterv. Coll.)	<i>Oxford, Me.</i>	A. L. Hersey.
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Merrill, Henry Putnam,	<i>Andover, Me.</i>	L. Ingalls.
Milbery, Nathan Bradstreet,	<i>Wicklow, N. B.</i>	C. P. Connell.
Miller, Charles Nathaniel,	<i>New York City,</i>	J. M. Smith.
Moore, Samuel Lawrence,	<i>Boston,</i>	E. B. Moore.
Morrill, Ferdinand Gordon,	<i>Boston,</i>	Harv. Med. School.
Morris, Charles Henry,	<i>Halifax, N. S.</i>	John B. Garvie.
Morris, Patrick,	<i>Boston,</i>	Dr. Gavin.
Morse, Edward Gilead,	<i>Roxbury,</i>	Harv. Med. School.

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		{ Dr. Munro.
O'Brien, John Augustus,	<i>Boston,</i>	Harv. Med. School.
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Putnam, James Jackson, A.B.	<i>Boston,</i>	{ Harv. Med. School.
		J. Wyman.
Quincy, Henry Parker, A.M.	<i>Boston,</i>	{ J. Wyman,
Quint, Norman Perkins,	<i>South Malden,</i>	{ Harv. Med. School.
		W. G. Wheeler.
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Reade, W. Winworth,	<i>London, Eng.</i>	
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Richardson, William Lambert, A.B.	<i>Boston,</i>	{ Mass. Gen. Hosp.
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Rose, Daniel Campbell,	<i>Eastport, Me.</i>	M. R. Woodbury.
Rowe, Geo. Howard Malcolm, A.B.	<i>Boston,</i>	Harv. Med. School.
Ruddick, William Henderson,	<i>Boston,</i>	P. P. Ingalls.
Sanders, Daniel Oliver,	<i>Annapolis, N. S.</i>	R. J. Ellison.
Scott, Anderson Lemuel,	<i>Boston,</i>	Thaddeus Phelps.
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Shattuck, George Brune, A.B.	<i>Boston,</i>	Harv. Med. School.
Shattuck, Laforest Almond,	<i>Skowhegan, Me.</i>	R. Greene.
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Spalding, James Alfred, A.B.	<i>Portsmouth, N. H.</i>	J. F. Hall.
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Spalding, Joseph,	<i>N. Woodstock, Ct.</i>	H. S. Smith.
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Stackpole, George Edmund,	<i>Boston,</i>	{ Harv. Med. School.
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Sullivan, Patrick Timothy,	<i>Boston,</i>	John Ryan.
Sumner, Allen Melancthon, S.B.	<i>Boston,</i>	Harv. Med. School.
Sutherland, Neil,	<i>Pictou, N. S.</i>	Harv. Med. School.
Swasey, Erastus Perry,	<i>New Bedford,</i>	D. A. Dow.
Swett, George Woodbury, A.B.	<i>West Roxbury,</i>	C. L. Swasey.
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Tabor, James Vaughan,	<i>Stetson, Me.</i>	F. W. C. Beavan.
Taylor, Vernon Otis,	<i>Charlestown,</i>	{ W. Mason,
Thayer, Fred. Lyman,	<i>Newton.</i>	{ Harv. Med. School.
Thompson, Frederick Henry	<i>New Salem,</i>	Harv. Med. School.
Tower, Charles Bates,	<i>Cambridge,</i>	J. Wyman:
Tower, Charles Walter,	<i>Boston,</i>	Harv. Med. School.
Tower, James Augustus,	<i>Boston,</i>	{ J. W. Cushing,
Townsend, Henry Elmer,	<i>Boston,</i>	{ Harv. Med. School.
Treadwell, J. B., M.D.		Harv. Med. School.
Tuck, Henry, A.B.	<i>Boston,</i>	Mass. Gen. Hospital.
Tucker, James Ioannas, Jr.	<i>Boston,</i>	{ J. Ayer, L. R. Sheldon,
		{ J. A. Lamson.
Vail, William Edwin,	<i>Sussex Vale, N. B.</i>	E. A. Vail.
Venables, James, Jr.	<i>Halifax, N. S.</i>	D. McN. Parker.
Vinal, Frank Thomas,	<i>Seituate,</i>	Harv. Med. School.
Walker, Aaron, A.M. (Amh. Coll.)	<i>Lowell,</i>	D. Holt.
Ware, Frederic, A.B.	<i>Cambridge,</i>	Harv. Med. School.
Warren, George Washington,	<i>Brighton,</i>	I. G. Braman.
Warren, Rev. Henry W.	<i>Cambridge.</i>	
Waterman, Thomas, Jr. A.B.	<i>Boston,</i>	{ J. Wyman,
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Webster, John Calvin, A.B.	<i>Wheaton, Ill.</i>	{ W. D. Buck,
(Dart. Coll.)		{ L. B. How.
Webster, John Ordway,	<i>Augusta, Me.</i>	G. E. Brickett.
Wells, Frank, A.B.	<i>Boston,</i>	Harv. Med. School.
Werner, Julius Dominick,	<i>Boston,</i>	Harv. Med. School.
West, John,	<i>Francestown, N. H.</i>	{ C. M. Fiske,
Wheeler, Leonard, A.B.	<i>Lincoln,</i>	{ D. F. Frye,
Whitaker, John Birtwistle,	<i>Fall River,</i>	Harv. Med. School.
White, Robert, Jr.	<i>Boston,</i>	E. T. Larned,
		Robert White.

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Whittier, Edward Newton, A.M. (Brown Univ.)	<i>Gorham, Me.</i>	Harv. Med. School.
Wilder, Rufus Lawrence,	<i>Boston,</i>	Harv. Med. School.
Williams, Edward Tufts, A.B.	<i>Brookline,</i>	Harv. Med. School.
Willis, John W., M.D.		
Willis, Reuben,	<i>Milford,</i>	{ J. W. Willis,
Woodman, Aurin Payson,	<i>Amesbury,</i>	{ G. L. Underwood.
Woodroffe, Geo. Dorrington, M.D.		A. I. Fenn.
Worcester, Samuel,	<i>Gloucester,</i>	S. H. Worcester.
Yale, Joseph Cummings,	<i>Ware,</i>	John Yale.

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May 30th, 1887. 11

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2050.] Thursday, June 13, 1867. [Vol. LXXVI. No. 19.

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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXVI.

THURSDAY, JUNE 13, 1867.

No. 19.

SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL HOSPITAL. SERVICE OF DR. GEORGE H. GAY.—NO. VII.

STRANGULATED HERNIA; OPERATION; RECOVERY. GUN-SHOT WOUND OF BACK; REMOVAL OF BALL FROM WITHIN THE SACRUM; RECOVERY. FRACTURE OF THE SPINE; RECOVERY.

Reported by Mr. H. P. QUINCY.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—*Strangulated Hernia; Operation; Recovery.*—E. R., native of Ireland, single, 18 years of age, was admitted into the Hospital Dec. 8th, 1866. Patient tells a very irregular story about herself. It seems that there has been a swelling for two or three years in the usual situation of femoral hernia of the right leg; sometimes a little smaller, but never entirely disappearing. Patient is decided on this point. She hinted at an increase of pain and swelling at her menstrual periods. Her attention was attracted to this swelling on Friday at noon, on account of pain, swelling and tenderness, similar to what she has had previously, only greater in degree.

At the first examination, on Friday night, a rounded swelling, the size of an English walnut, was seen in the usual situation of femoral hernia, felt distinctly below Poupart's ligament, and in a measure compressible from side to side. Taxis was not persevered in, on account of the tenderness. No constitutional symptoms present. No fever, rapidity of pulse, abdominal tenderness, swelling, nausea or vomiting. Patient has been in the habit of going three or four weeks without an operation of the bowels. Last operation was nine days ago. Catamenia generally regular, without pain. Last catamenia twenty-six days ago. Had taken six drachms of Tarrant's aperient without effect. Slept poorly on Friday night, on account of pain in the swelling, which was undoubtedly intestinal. During Saturday, pain about the same, with a feeling at times of nausea. Swelling about the same.

Dec. 9th.—Last night had free operation from bowels after enema. Had some pain, and took opiates. Generally comfortable. Free from any complaint, except in the swelling. A little blush of red-

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ness on and in the neighborhood of swelling, with some œdema, but with no increase of tenderness. Dr. Gay came to the hospital with the intention of cutting down on the mass. A consultation was held, and the decision was adverse to any operation, on account of the very free discharge from the bowels after enema, and the absence of any fulness of the bowel. Flaxseed poultice. Opiates p. r. n. Liquid farinaceous diet.

Dec. 10th.—Catamenia present, but causing no additional pain or soreness in swelling.

15th.—For the last few days general condition the same. Fluctuation and bubbling evident in the swelling.

17th.—No abdominal or constitutional disturbance. No complaint except in swelling, which is diffused, extending from two thirds of lower surface of Poupart's ligament inwards to labium. Fluctuation evident. Crepitation not so distinct as yesterday. Patient having been etherized, an incision four inches in length, nearly parallel with Poupart's ligament, was made from the outer portion of the swelling to labium. A very large quantity of thick, greenish-yellow, foetid-smelling pus was discharged, with masses of gangrened tissue. A roundish mass was felt united to the femoral opening, firm to the touch, nearly the size of a shagbark nut. On further examination, a portion of a covering was traced, in all probability the sac, and then a fatty mass—the omentum. In the centre of this, a greenish membranous strip, strong enough to be drawn upon by forceps, and two or three inches in length. This mass was about as large round as a common lead pencil. Along the side of this mass, which appeared to be in the femoral ring, a director passed into the abdomen. This mass, when completely stretched and spread out, in its gross appearance certainly looked like intestine. On microscopic examination, by Dr. Ellis, "nothing was seen but white, wavy, fibrous tissue."

18th.—Abdomen tense, tympanitic, tender and painful. Wound looks sloughy and gangrenous, with foetid discharge; at times, by report of nurse, smelling fœcal. No decided fœces seen.

20th.—Countenance anxious. Had a chill during the night. Abdomen not so tympanitic, but the right half very tender.

21st.—Had three attacks of retching and vomiting last evening. Countenance anxious. Eyes sunken. Abdomen pretty soft; tenderness much less. Wound clean.

23d.—General condition much better. Small slough removed from wound.

24th.—Not so well. Countenance anxious and distressed. Complaints of pain and tenderness just above pubes on right side, extending from the region of the cœcum upwards along the direction of the ascending colon.

25th.—Discharge on poultice was of the color and smell of fœcal matter.

Dec. 29th.—There has been more or less discharge of fæcal matter on the poultice for the last few days. General condition better.

Jan. 1st.—Free discharge from enema. Also a free discharge of fæcal matter from the wound during the night.

16th.—After taking five grains of compound colocynth pill, repeated for three nights, had a free discharge from the bowels. After repeating the recipe, had another free discharge. Much better. Sitting up.

Feb. 10th.—About the ward. Wound nearly healed.

18th.—One or two dejections daily. Bowels in a better condition than when she entered the hospital. The wound was completely filled with granulations, but not entirely cicatrized.

*Remarks.*—The case was one where no connected history could be obtained from the patient, as she continually contradicted herself as to whether there was a swelling constantly or occasionally. When seen for the first time, although she had had no operation for nine days, she complained only of great pain in the swelling, accompanied with no constitutional symptoms. Although she was under observation for ten days, still there were no constitutional symptoms; and the operation was performed because there was evidence of pus, and the erysipelatous and cellular inflammation were increasing.

The gross appearances of the flattened membranous strip rendered it somewhat doubtful whether it was intestine or not. But from the symptoms afterwards, it was undoubtedly intestine; the fæcal matter did not escape from the bowel externally till the gangrened portion had entirely separated.

The rapidity with which this artificial anus closed was remarkable, and it was attended with no annoying symptoms. When the patient left the hospital, her bowels were in a much better and more regular condition than before.

*CASE II.—Gun-shot Wound of the Back; Operation; Recovery.*—

A. F. A., naval officer, at the attack on Fort Fisher, Jan. 15th, 1865, received three wounds. When within forty yards of the parapet, thirty-eight feet high, he was struck by a ball in the right leg, inflicting a flesh wound. He was also struck by a ball in the left groin, which passed through his body and caused him to fall upon his face, in which position he received a shot in the right lumbar region, the wound of which is parallel to the vertebræ. He arrived, five days after receiving these wounds, at the Portsmouth Hospital, Virginia, where they were dressed for the first time, he having kept them wet with water himself in the meantime. The wound in the back was reported as caused by a glance shot, and dressed with simple cerate. The other wounds healed in about two months. He remained at the hospital three months. Returned to his home, where he remained fourteen months, having his wound syringed out, with great relief. Seven months later, the ball was touched with a Nélaton probe, and found to be 10 $\frac{1}{2}$  inches from the opening. For the first six months,

small pieces of bone came away from the wound in the back. Eleven months after receiving the wound, he began to suffer great pain in the region of the sacrum, internally, as though an abscess was forming. Six months after, being advised to have an operation performed, he went to the Brooklyn Naval Hospital, where he remained nine months. Five months after entrance, and four months ago, the abscess broke into the rectum, giving great relief, discharging freely all the time, up to date of entrance into the Massachusetts General Hospital—the amount of discharge lately being two to three ounces daily. The wound and sinus had been examined by many naval and civil surgeons.

The situation of the wound is seen in the cicatrix, in the right lumbar region, running parallel with the vertebral column, three and a quarter inches long and an inch and a half wide, and situated three and a half inches from the vertebræ and two inches from the crest of the ilium. At the lower extremity of this cicatrix is a slightly raised granulating surface, not much larger than a pea, in the centre of which is an opening out of which pus is constantly discharging. A porcelain knobbed, wire probe introduced into this opening passed easily downwards and inwards till it reached the internal projection of the ilium, where there was a slight obstruction, which the flexible character of the probe soon rode over, and again passed obliquely downwards and towards the median line, and then with some difficulty passed over a ridge of the sacrum and soon came upon something that felt like denuded bone. Once or twice, in introducing the probe, it was thought that denuded bone was touched about the ilium. No loose fragments of bone could be touched at any point. By measurement, the end of the probe was ten inches from the wound of the back, when denuded bone or a foreign substance was touched. On withdrawing the probe, no lead mark could be detected. It was again passed to the same spot, when the patient said that it would go no further. On pushing it as well as was possible at that distance in the irregular sinus, the probe made a turn to the left side, struck upon a foreign substance, and could be rubbed up and down against it, the patient at the same time saying that he felt a pain on the left side, along the inner extremity of the sacrum and coccyx. By deep pressure externally on the soft parts in the vicinity of the anus, nothing like the end of the probe, nor any impulse, could be felt. On withdrawing the probe, there was a distinct, irregular black mark, evidently from lead, upon the *side*, but nothing upon the *end*, of the porcelain ball.

There was now every indication that the ball had been touched, and that it was situated upon the left side of the median line, and beyond the spot of the denuded bone tapped or hit by the probe. The distance of the extremity of the probe from the back wound was eleven inches.

The irregularity of the sinus, its small calibre and great length,

presented sufficient reasons why no attempt would be feasible or judicious to extract the ball by that passage.

The patient was now thoroughly etherized, and placed in the lithotomy position, in order to see what information could be gained by a rectal exploration. On introducing an anal speculum and opening its blades, a dirty, brown-yellow pus, to the amount of an ounce or more, immediately flowed out. After carefully sponging the interior of the rectum, two irregular superficial ulcerations were seen posteriorly, just within the border of the anus. No sign of an opening could be seen in any direction. The porcelain probe was again passed into the back wound, as far as it would go, and then along side of it a flexible catheter. Milk was then thrown through the catheter, which, with the very great assistance of a bright sunlight, was seen coming in a very small stream into the rectum through an opening about the size of a knitting needle, situated on the right side of the median line, and about three inches from the anus. A small probe was insinuated into this opening, while the milk was flowing, and after passing it a little distance it touched the other probe, introduced from the wound in the back. Another probe was passed along the side of the one in the bowel, and a third one was wedged between the two, so that gradually the opening was enlarged sufficient to admit a common polypus forceps. Pus, but not offensive, now escaped from the enlarged opening. The porcelain probe was again touched by the polypus forceps, and some denuded bone was felt, but no loose fragments nor ball. By opening forcibly the blades of the forceps, an aperture was made, so that in a short time the forefinger could be introduced after drawing down the intestine. With great difficulty the finger was further forced through a small sinus, with unyielding, indurated walls, till it came to a cavity, at the end of which it touched denuded bone.

The course of the right forefinger was upward from the anus to the opening, then curved and straight backward at a right angle to the denuded bone; there was a cavity on the right side of the median line, the walls of which and the bone were felt with the end of the finger. The left forefinger was then introduced and passed to some distance to the left of the median line, and on curving it downward and forward the ball was felt, packed tightly and transversely across the coccyx. The end of the finger could just reach it, but could not move or displace it. Different instruments were then employed, but all for a time slipped over the presenting surface. No amount of pressure upon the ball caused any prominence or impulse externally. Further attempts were made to seize the ball, and at last, by a well directed movement of a strong curved scoop, it was raised out of its bed, and easily removed with a pair of polypus forceps. It was an elongated conical ball, weighing an ounce. Water dressing. Half a grain of opium every four hours; one grain of opium at night.

March 16th.—Slept well; very little pain. Had slight chill yesterday afternoon. The sinus was syringed out by means of a flexible catheter introduced into the wound of the back, and the discharge allowed to escape per anum.

19th.—There is a small discharge of laudable pus from the opening in the back; also an escape of air, which patient had noticed before the operation. Fine pieces of bone were seen in the discharge from the anus.

21st.—Syringing omitted, on account of its causing pain. Laudable pus discharged through the anus. A piece of bone, of the size of a pea, came away.

23d.—Had a free movement of the bowels without cathartic, causing much pain.

25th.—Has free operation of the bowels daily, with very little pain. Free discharge of pus from lower opening; but slight discharge from upper. Opium omitted.

26th.—On examination, the opening was found two and a half inches from the sinus, and so much contracted that it was not thought advisable to force the finger into it.

28th.—As there was some soreness and swelling around the opening in the back, it was laid open, and the edges kept apart by lint.

April 4th.—On examination, the sub-rectal hardness and swelling had become very much less. The opening into the bowel was not larger than a pea.

Reports that he is in better health in every way than at any time since injury. Appetite good. Bowels regular, with no indication of any faecal matter passing into this opening of the bowel, the purulent discharge never showing any faecal discoloration. The discharge from bowel, by report of patient, is fully two thirds less than before the operation. Has gained flesh and strength, and is able to walk about with much less discomfort in every way than at any time since the injury. Wound of back looks and granulates well; the edges well kept apart by lint. Still a little escape of air from wound in the back, probably from the communication of the lower end of sinus with the bowel.

CASE III.—*Fracture of the Spine; Recovery.*—O. S., seaman, fell from the masthead to the deck, a distance of sixty feet, striking on his back. He entered the hospital Sept. 19th, one hour after the accident, and complained of great pain in his back and difficulty of breathing. The back was bowed in such a manner as though the bodies of the vertebræ were broken anteriorly. Over the sacrum the integument was swollen and ecchymosed. Complained of great pain in the left ankle and foot, which were somewhat swollen. Able to move his legs. Sensation good. Was put to bed in as comfortable a position as possible, on his back. Water drawn with catheter. No priapism.

Sept. 20th.—Pulse 96. Complains of great pain across his breast.

Refers the pain in his back to the region of the sacrum. •Both extremities natural, as far as motion and sensation are concerned. Still complains of pain in left foot and ankle. A compress, wet with laudanum and water, was placed on foot and ankle. Bladder not very full. Has had no defection. A catheter was introduced and allowed to remain. Twelve leeches were applied to the back on either side of the spine.

21st.—Pulse 112. Motion and sensibility of legs still good. Great pain in left foot and ankle. Back looks better. Compress wet with laudanum and water, and covered with oil-silk, was applied to back. As the catheter caused so much pain, it was removed. The urine was drawn three times during the day; of normal character. No defection.

22d.—Motion and sensation of legs good. Still complains of pain on passing catheter. Has had two free, loose discharges, and one involuntary, during the night, after two cathartics and an enema.

23d.—Urine has to be drawn much oftener, and is cloudy. Still complains of pain in left foot and ankle.

24th.—Has a frequent desire to pass water, but is unable to do so. A small-sized catheter was introduced and allowed to remain. Has had no priapism. There is a tender spot at the lower dorsal vertebra on deep pressure, and also a feeling of hard prominence, with depression.

25th.—No apparent loss of power or sensation in lower extremities. Still complains of pain in left foot and ankle. The point of tenderness is between the last dorsal and first lumbar vertebra. No crepitus can be distinguished. Six leeches were applied over the last dorsal vertebra, and six over the sacrum.

26th.—Has had no defection for four days.

27th.—Had six defections after taking cathartic. Feels much better to-day.

Oct. 4th.—Complains of very little pain. Can move himself about in bed. Can pass his water without catheter, but has scalding pain along urethra during micturition.

8th.—Is able to sit up with some help. In doing so the posterior curvature, beginning three inches below scapulæ and extending to a line with the upper edge of the ilium, is plainly seen without any distinct local depression or prominence. No particular local pain on pressure. Urine ammoniacal.

17th.—Sits up a short time every day. Complains of some pain in right hip.

Nov. 10th.—Walking about without difficulty. General condition good.

25th.—The sensation of temperature in the right thigh below the buttock is less than in the left. In determining how closely the points of a pair of compasses may be approximated upon the skin over the back of the thigh and yet be felt as two distinct points, the

minimum distance for the right thigh was three inches; for the left, half an inch. A plaster cast of his back was made for the Warren Museum,

## **Reports of Medical Societies.**

### **ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.**

#### **FIRST DAY.**

THE annual session of the Massachusetts Medical Society began in Boston on the 4th inst. Prior to the assembling of the Society, a large number of its members visited the Massachusetts General and City Hospitals, where they witnessed several surgical operations.

At 12 o'clock the Society met in Mechanics' Hall, Bedford Street, the President, Henry C. Perkins, M.D., of Newburyport, in the chair. Over one hundred members were present. About two hours were occupied in the reading of papers by the members of the Society. The first paper presented was by Dr. George Derby, on the "Lessons of the War to the Medical Profession."

Dr. Derby reviewed some of the points in which real additions had been made to the knowledge of the profession by the experience of the recent war, not only in surgery, but concerning the preservation of health by hygienic precautions and hospital arrangements. Referring to the complaint that amputations by army surgeons had been unnecessarily frequent, he observed that early in the war the error of the surgical force was in not amputating enough, and that many lives had been lost by efforts to save limbs. There were many cases, he said, where immediate amputation was the only means of saving the life of a wounded man. A soldier when hit was elated, proud of his wound, surprised that he was not killed outright, and was ready for anything. It was perilous to delay amputation until this feeling subsided and reaction came. Dr. Derby spoke particularly of gun-shot injuries involving fracture of the shoulder, as a point on which a great deal had been learned during the war. The number of cases of excision during the war he stated was very large, amounting in all to more than eight hundred. During the Crimean war there were but 38 cases of excision in the French army, and but 16 cases in the French navy.

Anæsthetics were universally used in the Federal army during the war. In the field, chloroform only was used, ether being too bulky for transportation. The ambulance system was brought nearly to perfection during the last two years of the war, not only as regarded the construction of the vehicles, but also in the efficiency of the corps having charge of them. In this connection Dr. Derby spoke of the arrangement, adopted by the Prussians in the recent war, of ticketing every wounded man, by the surgeon who first found him, with a card stating the nature and extent of his injury, so that when he came to the hands of the surgeon who was to attend to his case, no time need be lost in reëxamination.

Great saving of life had been effected by the adoption of our excellent hygienic system. While during the Mexican war our armies had lost from ten to twelve per cent. by disease, and while the allies in the Crimean war lost 25 per cent. from this cause, enough was already known of the statistics of our recent war to warrant the assertion that the Federal army lost only 6 per cent. by disease. It would be no exaggeration to say that the number of lives saved was greater than the whole number lost by disease and battle.

In conclusion, Dr. Derby spoke of the improvements in hospital arrangements during the war, and gave a detailed description of the most perfect form of building finally adopted.

The next paper was by Dr. Henry G. Clark, on "The Contagiousness

of Cholera," being substituted by the author for the one announced in the programme.

Dr. Clark alluded to the doctrine of contagiousness, which now had some ardent advocates, as a novel and hurtful doctrine; and said he did not intend to enter on the general discussion of the question, but to make such suggestions as might perhaps induce those still in doubt to examine for themselves the abundant evidence now so accessible; and make those who have adopted the theory of contagion reconsider the subject. After defining the terms "contagion" and infection, he maintained that cholera was simply an epidemic, sustaining his views by citing the opinions of eminent surgeons in East India, St. Petersburg, and Moscow, and of the Board of Health of Great Britain in 1832. He quoted the opinion of Dr. Jacob Bigelow, of Boston, and mentioned several cases in which inoculation and other equally severe tests had failed to communicate cholera by contact. Dr. Clark said the simultaneous announcement of cholera at London and on the Mississippi River foreshadowed the approach of the pestilence which, at those distant outposts, had given us timely warning. It was important to determine whether cholera was or was not contagious; because if it was, quarantines were indispensable, whereas, if it was not, they were useless as well as annoying.

In conclusion, he declared his positive conviction, deliberately reached by careful investigation and comparison, that not a single well-attested case of cholera by contact alone, with the person, clothing, excretions or effluvia of another case, has yet been cited. Panic, he said, made cholera, and the doctrine of contagion patronized panic.

The third paper read was by Dr. James C. White, on "The Present State of Medical Opinion with regard to Syphilis," in place of the paper on Acne announced on the programme.

Dr. William Coggswell, of Bradford, had been announced to read a paper on "The Use of Bromide of Potash in Fever"; but a letter was received from him, stating that his professional duties would not permit him to attend the meeting. Dr. Coggswell remarked in his letter that he had by experiments in his practice been greatly impressed with the favorable effects of bromide of potash in febrile diseases, in inducing sleep without the unpleasant symptoms which follow the administration of opium.

Dr. B. Joy Jeffries read an interesting paper on "The Anatomy and Physiology of the Ciliary Muscle in Man"—the muscle by which the eye accommodates itself to distances. The paper was illustrated by several diagrams.

At the close of this paper, the Society adjourned until 4 o'clock.

#### AFTERNOON SESSION.

On re-assembling, Dr. John Homans, Jr., read a paper on "The Pathology and Treatment of Vaginal Cystocele."

The next paper was by Dr. Edward Jarvis, of Dorchester, on the "Effect of Condensation of Population on Life."

After giving copious statistics to show the tendency of the population of all countries to centre in cities and large towns, and speaking of the increase of cities by condensation as well as by extension, Dr. Jarvis considered the subject in its mortuary aspects. In many cities, he observed, the deaths of natives annually exceed the births of children of native parents. It was extremely rare to find a citizen of Paris with many generations of Parisians among his progenitors. London needed 10,000 recruits from the country each year to keep its number good. In speaking of the effect of condensation on the rates of mortality, Dr. Jarvis said the registration reports of England for thirty years showed an average annual mortality of 26 to 1000 in the closest districts, and 16 to 1000 in the sparsest districts. This difference of mortality in town and country was



not exactly proportional in all the causes of death. For instance, there was a much larger proportion of deaths by zymotic and nervous diseases, and diseases of the respiratory and digestive organs, in the city than in the country; while the proportion of deaths by old age was 37 per cent. larger in the country than in the city. The mortality of children was also greater in the city—the excess of deaths of children under five years, in English towns and cities, from 1851 to 1860, being 152 per cent. over the proportion prevailing in the country.

In considering whether this excessive mortality in cities is inherent and unavoidable, Dr. Jarvis attributed much of it to the destitution and privation, the dangerous occupations and the protracted labors of many of the inhabitants of cities; the compactness, narrowness and crookedness of the streets, leaving little chance for the circulation of air; and the excessive mental exertion and undue expenditure of the vital powers by the better classes. In so far as these causes could be removed, the rate of mortality would be lessened. Sanitary improvements in 19 towns and cities of Great Britain had reduced the rate of mortality from 28 in 1000 to 21 in 1000. In Liverpool the decrease was 30 per cent. The same might be done here, in Boston and New York. The Church Street district might be made as healthy as any part of Boston. A wide street running east and west, and an intersecting avenue running north and south, with the water basin on the Back Bay proposed by Mr. Snelling, would give a constant circulation of fresh air.

The remainder of the afternoon session was occupied by discussion, the Society adjourning at 6 o'clock. A meeting of the Councillors was held in the evening, at the rooms of the Society, No. 12 Temple Place.

#### SECOND DAY.

The business meeting of the Massachusetts Medical Society was held in Mechanics' Hall on the 5th inst., the President, Henry C. Perkins, M.D., in the chair. The records of the last annual meeting were read by the Recording Secretary, David W. Cheever, M.D.

The Secretary read an abstract of the minutes of the Councillors' meeting, held on Tuesday evening, embracing the following facts:—

The admission of 84 new members, and the decease of 20 members was reported. Two resignations were also announced.

Drs. Nahum Washburn of Bridgewater, and Kendall Flint of Haverhill, were admitted to the retired list.

The Committee on Finance reported the Society in as good a financial condition as usual.

The Committee on alteration in the by-laws recommended the passage of the following amendments, which were adopted by the Council.

*Voted*, That Article III. of the by-laws be amended by striking out the words "one dollar," and inserting in their place the words "such sums as the Councillors shall from time to time determine."

*Voted*, That Article X. of the by-laws be amended by striking out the words "three dollars," and adding after the word "annually," "such amount as the Councillors shall from time to time determine."

Drs. C. Ellis, C. D. Homans and John Jeffries were appointed a committee with full power to appoint delegates to the International Medical Congress in Europe this summer.

The Nominating Committee reported the following officers for the ensuing year, who were unanimously elected:—

*President*—Henry C. Perkins, M.D. *Vice President*—Foster Hooper, M.D. *Corresponding Secretary*—C. D. Homans, M.D. *Recording Secretary*—Calvin G. Page, M.D. *Treasurer*—F. Minot, M.D. *Orator*—Henry G. Clark, M.D. *Librarian*—James C. White, M.D. *Anniversary Chairman*—J. Nelson Borland, M.D.

Dr. Benjamin E. Cotting, delegate to the Connecticut State Medical Society, submitted his report.

The following committees were appointed:—*On Publication*, Drs. Shattuck, Minot and Cotting; *on Resignation*, Drs. Ayer, Minot and Ellis; *on Finance*, Drs. J. Homans, Durkee and Crane; *on Auditing*, Drs. C. E. Ware and Ezra Palmer.

The President read a communication from Mr. S. Eliot, on the part of the Trustees of the Massachusetts General Hospital, desiring the opinion of the Society upon the propriety of admitting females as medical students to visit hospitals for the purposes of instruction and the witnessing of operations.

After a brief discussion, the following resolution was adopted by a vote of 49 to 7:—

*Resolved*, That in the opinion of the Massachusetts Medical Society it is inexpedient to admit females as students to our State medical schools and hospitals.

After reading the foregoing abstract the Secretary read the lists of new members and of members deceased during the year. The latter is as follows, with the dates of admission and age of the deceased:—

<i>Admitted.</i>	<i>Name.</i>	<i>Residence.</i>	<i>Age.</i>
1813,	Bates, George	Boston,	84
1852,	Brewster, Oliver E.	Pittsfield,	51
1864,	Bullard, Alfred Rodolph	Dedham,	34
1817,	Clark, Atherton	Gilbert, Conn.,	77
1834,	Fales, Joseph J.	East Boston,	69
1832,	Gould, Augustus A.	Boston,	61
1837,	Hastings, Sir Charles	Worcester, Eng.,	73
1857,	Hayward, Nathan	St. Louis,	35
1838,	Hoyt, George	Athol,	65
1836,	Kittredge, Ingalls	Beverly,	69
1844,	McCallum, H. E.	Marston's Mills,	60
1865,	Page, John Y.	Winchendon,	—
1839,	Skilton, Benjamin	Lowell,	70
1846,	Snow, George W.	Middleborough,	58
1832,	Stedman, Charles H.	Boston,	61
1844,	Townsend, William E.	Boston,	46
1863,	Warren, Dewey Kellogg	Boston,	46
1860,	White, Samuel E.	Springfield,	36
1833,	Whiting, Augustus	Charlestown,	72
1830,	Mussey, Reuben D.*	Boston,	86

The Treasurer, F. Minot, M.D., reported that the amount received during the year (including a balance of \$1846·75) was \$8083·94. The amount expended was \$6343·75, leaving a balance of \$1740·19, of which \$603·54 can only be appropriated to certain specific purposes. The remainder, \$1136·65, is available for the general expenses of the Society. The property of the Society amounts to \$30,420·17, which is invested in the Massachusetts Hospital Life Insurance Company and in United States stocks.

The following named gentlemen, delegates from other State societies, were now introduced, and briefly addressed the Society:—Drs. Gerrish, Bates and Shumway, of New York; Drs. Fuller and Upham, of Vermont; and Dr. Anderson, of Connecticut.

On motion of Dr. B. E. Cotting, of Roxbury, it was voted that when the Society adjourn it be to re-assemble on Thursday forenoon,

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\* Honorary Member.

at 10 o'clock, in the Society's rooms, in Temple Place, for the purpose of acting upon the amendments to the by-laws given above.

Dr. Josiah Crosby, of Manchester, N. H., was then introduced, and exhibited an improved fracture bed and splint, for the treatment of fractured limbs. Dr. Charles A. Savory, of Lowell, spoke on the same subject, commending the apparatus exhibited.

Dr. William W. Gardner, of Springfield, read a history of the recent trichina cases in that city, written by Dr. Calkins, the attending physician in the cases.

Dr. Henry K. Oliver, of Boston, read a paper on "Paralysis of the Glottic Muscles."

Dr. H. R. Storer, delegate to the New York State Society, presented his report.

An improved atomizer, for producing local anæsthesia, was exhibited in the rear of the hall, by Dr. Arnold, of Roxbury. The apparatus consisted of two vessels, one placed ten feet above the other, and connected with each other by a gutta percha tube. The upper vessel being filled with water, the air is steadily forced from the lower vessel, on the hydrostatic principle, through the atomizer. When the water in the upper jar is exhausted, the two jars are made to exchange places, and thus the operation is continued.

Dr. Gerrish, of New York, described several interesting cases of malformation which had come under his notice, as striking evidences of the impression of the mind on the fœtus *in utero*. He also spoke upon the subject of embolism, and the liability to deception arising from it, in diagnosis.

Dr. Cutter, of Woburn, described a simple method which he had employed for treating retroversion of the womb.

*The Annual Discourse.*—At 1 o'clock, the President introduced H. P. Wakefield, M.D., of Reading, who delivered the annual discourse. It began with acknowledging the speaker's indebtedness to the Society, and after extending appropriate welcomes to officers and members of the Society and the profession generally, made reference to the general questions of the day, the happy circumstances under which they were assembled, and the duties devolving upon the profession as loyal members of society. Referring to their duties as members of the profession, the discourse inculcated the duty of looking on the bright side of things, and shaking off the melancholy which constant contact with sickness and misfortune is apt to engender, especially on occasions like their annual assembling, which was the gala day of the Society. Dr. Griffin, the distinguished President of Williams College, the speaker said, once remarked to a party of students he was socially entertaining, "Young gentlemen, I am going to give you a lesson on the Christian duty of laughing." How strange that an eminent divine should feel the need of inculcating this duty in a company of young men! Yet we might discover the propriety of the lesson, when we remembered the tendency of the human mind to regard this world as only one of ills and woes, of sorrows and sufferings—to feel only the thorns of life, but never to see the rose blooming close by their side. Occasions like the present should arouse the better feelings of the members of the Society, and prepare them to receive the lesson referred to by Dr. Griffin. The disagreements among the members of the profession were alluded to, and the

remedy for them given in the words of the golden rule. The duty of each individual member of the profession making the most of his abilities was especially urged, and the necessity was enjoined on the profession to be wide awake and up to the times. Another duty of the profession was to always engender hope in the patient and cultivate a hopeful spirit himself. Every prescription should be written and every remedy administered by the hand of hope. By many in the profession it was only thought necessary to conquer disease, but the true physician should take every possible means to prevent it. The necessity and duty was urged upon the profession to keep the public informed by statistics of mortality of different kinds of disease, and in that way aid in the avoidance of them. The radical defects in female education were referred to as productive to a great extent of disease. The address was severe in its strictures upon quackery in all its multifarious forms. The duty of decision of mind and action on the part of the members of the profession was urged, and the discourse closed with appropriate allusions to the members of the profession who have died during the year, whose names are given above.

At the close of the discourse, the Society adjourned to the Music Hall, to participate in the festivities of the Anniversary Dinner. Tables for five hundred persons were set by Mr. J. B. Smith on the floor of the hall and on the platform, and nearly every seat was filled. Mr. George E. Whiting performed upon the organ for half an hour, while the members of the Society and their guests were taking their places at the tables. H. W. Williams, M.D., Anniversary Chairman, presided, and called upon Rev. Dr. Potter, Assistant Rector of Trinity Church, to ask a blessing. At the close of the feast, the Chairman addressed the assembly as follows:—

I am proud and happy, Fellows of the Massachusetts Medical Society, that it is my honorable lot to extend the hand of fellowship and welcome to the brothers who meet around the family table at this our annual reunion. For one day we throw aside the ordinary cares and duties of professional life, and seek, in the pleasant intercourse of familiar friendship, to freshen our hopes and renew our energies for future labors. The practitioner from the distant Cape, or the remote hills, with experience ripened by meditation as he rides his solitary way from one to another of his scattered charge, comes to exchange ideas with the physician of the busy town—each rejoicing to meet again long separated friends, and revive cherished memories.

But with our cheerful greeting mingles a tone of sadness. We mourn, we deeply, sincerely mourn, the loss of that bright star so lately the guide to whom our eyes were turned, secure of being in the path of honor and safety if following where he led the way.\* He whom the nations afar off praised and honored—he, among the chosen few to whose clear intelligence science has revealed the mysteries of her inner temple—he, whom this Society had delighted to honor, *honoring herself most*, in conferring upon his modest worth her highest dignities, and making his name forever distinguished in the catalogue of her worthiest sons—gladdens us no more with his genial presence.

And another, too, we mourn, who but last year stood where I now stand,† cut off, by the same fell scourge, in the full promise of his usefulness, from the midst of the patients and friends who loved him, and from the side of that father whose glad heart saw in him a worthy successor to his own honored career.

But though we grieve for the loss so hard to bear—for the void so impossible to be filled—let us be thankful for their bright example. Like them, let us endeavor to be misled by no plausible theories, baffled by no obscure complications

\* Dr. A. A. Gould, late President of the Society.

† Dr. Wm. E. Townsend.

of symptoms—to be ever fertile in expedients, and prompt and timely in their application—that thus our cheerful encouragement and ready skill may brighten many a sick chamber with hope and life.

Veterans of the Society, I welcome you to this opportunity of renewing old and pleasant associations. Young men, whom we meet here for the first time, thrice welcome to a Fellowship associated with much duty and sacrifice, but which has its rewards of honor and confidence for duty well performed.

The first regular toast was—

*The Massachusetts Medical Society*—Blinded by no traditional dogmas—accepting every new *truth* of theory or practice—she turns a deaf ear to absurd pretension, and a cold shoulder to successful imposture.

The President of the Society, Dr. Henry C. Perkins, who was called upon to respond to this sentiment, spoke as follows :—

MR. CHAIRMAN,—Several years since I rode from Cambridge to Boston in company with a French physician, who had come to this country to learn the American mode of treating phthisis. In the course of conversation, he remarked that there was this peculiarity to be met with among medical men here, viz., an independence of thought and of action. “They were bound to swear by the words of no master;” they were at liberty to believe any truths that might be discovered, no matter by whom the discovery was made. This independence he regarded as characteristic, and it had secured for its possessors his admiration and regard. This testimony of a foreigner may be considered as impartial and sincere.

It was by such men that the Massachusetts Medical Society was founded, which, like a thrifty sapling in its youth, has in time become a sturdy tree, which has struck deep its roots, and spread far and wide its massive branches, until its leaves have indeed been for the healing of the people. Under its shadow we are permitted to-day to assemble to eat of its fruit, and to distinguish between good and evil. To our connection with this body it is that we are all mainly indebted for what there is in us of strength and vitality as men of science and skill. So grateful to our tastes are the fruits it bears; so invigorating and sustaining the food it furnishes (for from the nature of its spongioses, truth only can be imbibed), that we turn with disrelish from the insipid and empty counterfeits which spring from the parasites that climb upon its noble trunk that they may rise where they may be seen, and derive their nourishment stealthily and without acknowledgment from its sap.

As I passed, the other day, by the old elm in Cambridge, beneath which General Washington assumed the command of our revolutionary forces, I was struck with the decayed and withered aspect of its young branches hanging in the breeze. It is not so as I look at *this* thrifty and living organism—the Massachusetts Medical Society, whose younger shoots from all its separate limbs are seen springing upwards, and promise the most precious harvest, and that too with no jealousy or envy on the part of those whose chief function now is to sustain them and the fruits they bear.

What we hear and know of many of our young physicians, graduates of our schools, juniors in our profession, who are soon to take our places in society, in the sick room, and by the bedside, is extremely gratifying. Blinded by no dogmas, bound to call no man master, at liberty to seek for truth wherever it may be found, they have had most cheerfully communicated to them all that teachers have accumulated, and then been told to begin and garner for themselves. Many of them have already taken a high rank in the profession, and the fourth generation promises to be no less eminent than those which have preceded. It is for them to determine the action of the new remedies upon the human system which chemistry has given to *Materia Medica*, and it is in their hands that by means of the microscope, the ophthalmoscope, the laryngoscope, the sphygmograph, and the thermometer, diagnosis promises soon to take its place among the positive sciences.

But, sir, pleasant as all this is, and much as we esteem the Massachusetts Medical Society and its Fellows in general, there are men who call themselves

doctors, I trust not of this body, who love gain better than godliness; who regard the healing art as a business rather than a liberal profession—who, like some other men, are anxious to make the most they can of their wares, and who fatten upon the credulity of the public and impose upon the ignorant. Some such have amassed large fortunes, and have erected for themselves splendid edifices, by the faith of the people in nostrums and quack medicines. Such men in certain walks of society take a high stand in consequence of their wealth, and their acquaintance and friendship is eagerly sought after and courted, but not by honorable medical men, who envy them not in their meanly gotten gains, and willingly leave them alone to enjoy as best they may whatever there is in their position that is desirable, but with whom they have no sympathy and can have no fellowship.

The second sentiment was :—

*The Commonwealth of Massachusetts*—In peace and in war recognizing with just appreciation the services of her sons.

A letter from His Excellency Governor Bullock, who had been expected to be present, was read, in which he expressed regret at his inability to attend the festival.

Third regular sentiment :—

*The Union of Science and Genius.*—We listen with charmed attention to the Professor as he explains the mysteries of the human body—and admire him no less as he touches the vibrating chords of the human soul.

Dr. Oliver Wendell Holmes was called up, and responded as follows :—

MR. PRESIDENT AND GENTLEMEN,—It is most pleasant to meet in this noble hall, the very air of which is so attuned to harmony that we can hardly breathe it for an hour without becoming more truly than ever a band of brothers. We have always claimed a somewhat remarkable exemption from professional discords, and this mighty organ—let me rather say this vast organism—which has been sweetly singing and peacefully thundering to us, is but an emblem of what our Society has been—a cluster of many living columns, each with its own note, all animated by the same breath. I cannot forget that it is to one of our own brethren we are chiefly indebted for this musical symbol of our association.

You have been pleased, Mr. President, to allude to my labors as a teacher. If we may count three years as a medical generation, I have seen a good many generations of medical students come into being as such, and pass into that better world of practice where the lecturer ceases from troubling and the weary listener is at rest. It is no small proportion of the gentlemen here present who have had a chance of knowing all my short comings. I take the opportunity to ask of them an amnesty for all the wrongs they may have suffered at my hands—for teaching them what they have had to unlearn, and for leaving out the knowledge they have had to make up.

You have also alluded, Mr. President, to some other modes in which I have addressed a public somewhat wider than our own profession. I am glad to have the apology for saying a few words as to the relation existing between medical studies and literary pursuits. There is no doubt that medical training confers certain advantages, and there is a belief that it carries with it certain limiting and narrowing influences into the field of literary culture.

The most frequent reproach is that the physician transfers the laws of the body into a sphere which is beyond and above them. His tendency is thought to be towards materialism and fatalism. And this belief is embodied in that old saying about physicians which I need not repeat, as I do not wish to affront two thirds of my audience with a rude untruth covered up in Latin, which before this learned body would be no concealment.

Now I think we are all agreed about one thing—that whoever, by any physiological or psychological juggling, turns man into a machine, reduces the moral world to a chaos. To show that there is no self-determining power is to abrogate not only religion, but all that makes us respect ourselves or others. But it

is a very different matter to attempt to show the *limitations* of the self-determining power as forced upon our observation as students of nature. That the purest and noblest will may find itself overtaken by outward conditions and yield to them, is implied in that petition which none is too good or too strong to utter—"Lead us not into temptation."

The whole movement of science is in the direction of adding to the domain of *reflex actions*, which is perceived to include wide tracts of the intellectual, and of what has been considered the moral realm. Race is more and more recognized as having a fixed relation to character. Every generation accepts more readily than the preceding the plea of mental unsoundness as a palliative or excuse for crime. Everybody knows that there are families where the children are born straight-grained, and families where they are born cross-grained. Everybody knows that a child without some culture will no more come to a good head than a cabbage under the same neglect. Everybody knows that a bad germ in a bad soil will be liable to yield a product rotten at heart, whether it be a potato or a human being.

This is the class of facts to which the student of medical science is most naturally drawn. Like all specialists, he is liable to overrate their importance—the Idols of the Den find their way into his temple—but he has one great safeguard—he studies from nature, and he judges from a long series of facts. We may balance his errors against those who study mainly from themselves and from books. These persons often wonder at the lenient judgments physicians sometimes pass upon their poor fellow-creatures, and sometimes abuse them for it. Still the world is wiser for their evidence.

I am told that I myself have been sometimes sharply attacked for writing from a too physiological point of view on matters which it is claimed belong exclusively to theologians. I do not complain of this when it is done decently and in order. But one thing I insist upon—that if I draw a bad clergyman or a knavish lawyer, it shall never be misconstrued into an act of disrespect to two noble professions, with the honored members of which I have always held the most intimate relations.

I am afraid I shall have to square accounts by writing one more story, with a wicked physician figuring in it. I have long been looking in vain for such a one to serve as a model. I thought I had found a very excellent villain at one time, but it turned out that he was no physician at all, only a—I mean not what we consider a practitioner of medicine.

I will venture to propose a sentiment which, as I am not a working physician, need not include the proposer in its eulogy:—

*The Medical Profession*—so full of good people that its own story-tellers have to go outside of it to find their villains.

To the fourth regular sentiment—"The Delegates from other States"—Dr. Parsons, of Rhode Island, responded, with a humorous allusion to Massachusetts as the grandmother of Rhode Island, and a reference to the journeyings of the early settlers from Salem to Providence. Dr. Bullard, of Vermont, also spoke to this sentiment.

The company remained at the tables for nearly an hour longer. We have not space for the remarks of the succeeding speakers, which abounded in good sense and brilliant humor. We give the remaining sentiments offered, and the names of the speakers who responded.

*The Clergy*—Doctors of psychological medicine; ministering alike to minds healthy and minds diseased; may they have every success in eradicating the morbid germs which threaten to blight the fair development of Faith, Hope and Charity.

Responded to by Rev. Dr. Potter, of Trinity Church.

*Apollo, the God of Medicine and Music*—He had, we know, two strings to his bow—but he never could have found time, like his Yankee disciple, amidst investigations of the diseases of hospital and camp, to create his Great Organ.

Response by Dr. J. B. Upham.

*Our Coadjutors of the Profession of Letters*—Ever enriching their *Materia Medica* with new stimulants to quicken the impulses of generous ambition in a sluggish heart, tonics to sustain a fainting spirit, sedatives to calm a troubled mind, restoratives to refresh an exhausted intellect, nutrients to develop a healthy mental growth—they brighten the eye of health, and cheer the path of the convalescent.

Responded to by Mr. E. P. Whipple, who closed with the sentiment—" *The Men of the Massachusetts Medical Society*—They have proved their right to belong to the Faculty, by showing unmistakably that faculty belongs to them."

*Our Brothers of the Western Counties*—Usually so far above the rest of the Society, we always feel flattered when they come down to our level.

Response by Dr. Babbitt, of Berkshire.

*The Faculties of Medicine*—Societies for medical emulation; ever doing their best to outdo themselves.

Response by Dr. Shattuck, Dean of the Medical Faculty of Harvard University.

*The Volunteers of the Medical Staff of the Army and Navy*—We cherish the memory of those we loved and lost; and extend an honorable and grateful welcome to those who return to teach us the lessons of the war, learned amidst so many hazards and sacrifices.

Response by Dr. George Derby.

*The Orator of the Day.*

Response by Dr. H. P. Wakefield, who closed with the sentiment—" *The Massachusetts Medical Society*—May its path be onward and upward, and its light shine brighter and brighter until the perfect day."

*The Junior Members of the Society*—Our hopes of a glorious future rest securely on those "whose lack of years has been no impediment to let them lack a reverend estimation."

Response by Dr. R. M. Hodges.

*The Champion of Massachusetts*—Who took care that her troops should have good surgeons, who faithfully protected the interests of the living, and tenderly guarded her honored dead.

The Chair read a letter from ex-Governor Andrew, who had been expected to respond to this sentiment.

*The District Societies*—Active children of a healthy parent.

Response by Dr. H. I. Bowditch, President of the Suffolk District Medical Society.

At about 6 o'clock the company left the scene of rare social and mental enjoyment.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JUNE 13, 1867.

### HYDATID TUMORS OF THE LIVER.

A MONOGRAPH on Hydatid Tumors of the Liver has lately come into our hands, which was read before the Medical Society of London, by Professor Murchison, and originally printed in the *Edinburgh Medical Journal* for December,



1865. It seems to us of so great value that we cannot refrain from giving a digest of some of its most salient points.

Professor Murchison considers it as settled that the development of hydatid tumors in the human body is due to the presence of the *tænia echinococcus* in that early stage of its existence when it consists merely of the head of the tape-worm enveloped in a minute cyst. The liver is the organ into which these hydatids most commonly enter, though they are found in various other parts of the body.

Many hydatid tumors undergo a spontaneous cure while they are of small size. The echinococci die in consequence of the entrance of bile into the outer cyst containing them, or of calcification of that cyst preventing its further growth, or of inflammatory action. If the entozoa retain their vitality, the tumor grows until some time or other it bursts, unless it have previously caused the death of the patient by interfering with the functions of important organs. Hydatid tumors may burst into the cavity of the chest, into the peritoneum, through the abdominal parietes, or lower intercostal spaces, into the stomach or intestines, into the bile ducts, into the vena cava inferior. The most favorable direction in which the tumor can burst is into the stomach or intestine. When it discharges through the abdominal parietes or lower intercostal spaces, the patient may get well, but the cyst is apt to suppurate, and produce death through exhaustion.

Independently of rupture, a hydatid tumor may destroy life, by pressure upon important organs and interference with their functions; by suppuration of the cyst, or external to the cyst, and pyæmia; by the formation of secondary hydatid tumors, in the liver or other organs.

"From the above remarks it is obvious that the risks to which a person with a large hydatid tumor of the liver is liable are many, and that the chances of his escaping them are few. If the tumor attains a size sufficient to be recognized, there is little probability of its undergoing what is called a 'spontaneous cure.' If the tumor be let alone, it is almost certain, in the long run, to burst in one direction or another; the act of bursting is almost inevitably fatal, except the opening take place into the digestive canal or a bronchial tube, and even then the accident is very far from being devoid of danger; and, lastly, there are many ways, independently of bursting, in which a large hydatid tumor may destroy life. It is true that the tumors may remain stationary for years, and the patient may enjoy tolerable health, but it is no less true that he is in constant risk from one of the accidents which have been described, and that he can never calculate on a moment; although apparently in good health, a strain or a slight blow on the abdomen may cause instant death. It becomes, therefore, a matter of great importance to ascertain what are the resources of medical art for averting these great and many dangers."

While, says Dr. Murchison, little or no dependence can be placed on any medicinal agent for effecting any change in the size or structure of a hydatid tumor, there is one expedient which holds out a fair chance of effecting a permanent cure—puncture of the cyst and removal of its contents. The dangers of the operation, he says, "are mainly two, viz., 1, acute peritonitis, owing to the escape of a portion of the hydatid fluid into the peritoneal sac; and, 2, suppuration of the cyst, owing in some degree to the admission of air." These dangers he ascribes chiefly to making the opening with a scalpel or large trocar, which is unnecessary, as the removal of the thin and limpid liquid destroys both the parent hydatid and its offspring. A very fine trocar should be used. "As additional precautions, it is well to remove the canula before the fluid has been drawn off, and in

doing so to press the punctured portion of the abdominal wall against the cyst. For forty-eight hours the patient ought to be kept in the recumbent posture, and every movement of the body be strictly prohibited; and if there be the slightest pain, an opiate ought to be administered." The fluid does not re-accumulate.

The safety of the operation Dr. Murchison considers established:—

"In Australia and in India, I have been informed that the operation is resorted to with almost uniform success. Of 135 hydatid tumors in different parts of the body (many of them in the liver), collected by Dr. Cobbold from the English journals, 35 were cured by surgical operations. Of 20 cases of hydatid tumors of the liver in which paracentesis was performed, collected by myself, all recovered but three; and in one of the three cases, death was due to a miscarriage; in the second, to three other enormous cysts in the liver; and in the third, the sac was inflamed, and the patient was almost moribund when the operation was performed. The tedious suppuration of the cyst in several of these cases was probably due to the large size of the opening. . . . In all cases where an hydatid tumor is large enough to be recognized during life, and is increasing in size, it is well to puncture it at once."

The diagnosis, of course, ought to be "tolerably certain" before puncture is resorted to. A small hydatid tumor is rarely diagnosed during life, because it gives rise to no symptoms and causes little inconvenience. The peculiarities of a more largely developed one are:—

"That it is a smooth, globular, elastic, painless tumor, which grows slowly, without giving rise to any constitutional disturbance, and without, as a rule, causing jaundice or ascites. One other character is thought to be of great diagnostic value, and that is 'hydatid vibration.' This sign—which is usually associated with the name of Piorry, but to which the attention of physicians was first called by M. Briançon, in 1828—is a peculiar trembling sensation, which is felt most distinctly when three fingers of the left hand are laid flat upon the tumor, and the middle one then struck abruptly with the middle finger of the right hand, or by using a pleximeter, and allowing the point of the percussing finger to rest upon it for a few minutes after the stroke. The value of the sign, I am inclined to think, has been greatly exaggerated; in many cases it is undoubtedly wanting. When present it indicates, in my opinion, the existence of a cyst which is in all probability hydatid, but it does not indicate, as some have thought, the existence of secondary cysts in the interior."

Prof. Murchison goes on to speak of the differential diagnosis, but we are compelled for want of space to omit all quotations on this head.

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**Membranous Croup.**—In a report of a Commission on the Diseases prevailing in Paris during the month of April last, we find the following statements as to membranous croup.

At the Hospital Sainte-Eugénie the number of cases of croup, which was only 4 in March, amounted to 10 in April (4 girls and 6 boys). Eight underwent tracheotomy, 5 of whom died. One of the remaining three left the hospital well. Another still retained the canula, but was considered "cured." The third was doing well, and his recovery was fully expected. Of the two children not operated on, one had the disease mildly, and recovered almost without treatment. The other, on the contrary, succumbed rapidly, with all the symptoms of general infection. In one of the three who were operated on and got well, one of those scarlatina-like eruptions noticed in diphtheria, was observed.

At the "Enfants Malades," service of M. Roger, there were 3 cases of croup treated by tracheotomy, 2 of which died. In one of the latter the operation was done *in extremis*. In the other, the autopsy, made five days after the operation,

disclosed no false membrane in any part of the respiratory apparatus. There was, however, intense sanguineous congestion of the left lung, and a tubercular infiltration of the right. In the third case (recovered), the infant was attacked, after the operation, with double broncho-pneumonia, accompanied by pleurisy on the left side. In the same Hospital, service of M. Labric, there were 4 cases, all operated on during the period of asphyxia. One only recovered.

*Massachusetts Medical Society.*—The second day's attendance at the meeting of the Massachusetts Medical Society was much larger than that of the first day. The interesting volunteer communications were listened to with marked attention, as was also the able oration of Dr. Wakefield. The festivities of the dinner went off with great *éclat*, the toasts being well chosen and happily couched, and the speeches highly original, in good taste, and full of salient points.

We are indebted to the *Daily Advertiser* of this city for the full report of the proceedings of the Society printed in the JOURNAL for this week.

*State Medical Society of Kentucky.*—At a meeting of certain members of this Society, held in Louisville, April 2d last, in accordance with an invitation from the College of Physicians and Surgeons, it was determined to revive their organization. A number of committees were appointed to report at the next annual meeting; and, after transacting a considerable amount of other business, the meeting adjourned to meet at Danville on the first Tuesday in April, 1868.

*Vermont Medical Society.*—The semi-annual session of this Society will be held at the city of Burlington, on Wednesday and Thursday, June 19th and 20th, commencing at 10 o'clock, A.M., on Wednesday.

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**VITAL STATISTICS OF BOSTON.**  
FOR THE WEEK ENDING SATURDAY, JUNE 8th, 1867.  
DEATHS.

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	Males.	Females.	Total.
Deaths during the week	31	38	69
Ave. mortality of corresponding weeks for ten years, 1856—1866	37.8	33.2	71.0
Average corrected to increased population	00	00	79.07
Deaths of persons above 90	0	0	0

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**COMMUNICATIONS RECEIVED.**—Extracts from the Records of the Providence Medical Association.

**PAMPHLETS RECEIVED.**—Ninth Annual Report of the Medical Superintendent of the Provincial Hospital for the Insane, Halifax, N. S.—The Wine Culture in California. By Henry Gibbons, M.D.—Rhode Island Thirteenth Registration Report, 1865.—On the Ultimate Distribution of the Nerves of Gustation. By Rufus King Browne, M.D., New York.—Introductory Address on the Commencement of the Session of the Medical Department of the Willamette (Oregon) University for the year 1867. By A. Sharples, A.B., M.D.

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**DEATHS IN BOSTON** for the week ending Saturday noon, June 8th, 69. Males, 31—Females, 38. Accident, 1—apoplexy, 2—disease of the bowels, 1—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 1—cancer, 2—consumption, 6—convulsions, 2—croup, 3—cyanosis, 1—diarrhœa, 2—dropsy of the brain, 4—drowned, 1—scarlet fever, 6—typhoid fever, 2—disease of the heart, 1—infantile disease, 1—intemperance, 1—jaundice, 1—disease of the kidneys, 1—disease of liver, 1—lockjaw, 1—congestion of the lungs, 1—inflammation of the lungs, 3—marasmus, 1—old age, 2—paralysis, 1—premature birth, 1—puerperal disease, 2—smallpox, 7—unknown, 7—whooping cough, 1.  
Under 5 years of age, 29—between 5 and 20 years, 5—between 20 and 40 years, 12—between 40 and 60 years, 13—above 60 years, 10. Born in the United States, 44—Ireland, 21—other places, 4.

## MEDICAL JOURNAL ADVERTISING SHEET.

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Manufactured by the Pennsylvania Salt Manufacturing Company. We would bring to the notice of physicians the virtues of Strumatic Salt in the treatment of Scrofula and other kindred diseases.

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The analysis of the Kreuznach salt is taken from standard chemical works, and that of our Strumatic Salt is made by Dr. Otto Wuth, Analytical Chemist, of this city. In both cases the analysis relates only to the dry substance contained in the mother-liquors

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Silica Sand,	0.0475
Chloride of Iron,	0.1465
" Barium,	0.3336
" Strontium,	0.0039
" Calcium,	57.9737
" Magnesium,	23.6823
" Sodium,	4.0389
" Potassium,	1.2785
Iodide of Magnesium,	0.1412
Bromide of Magnesium,	1.3116
Magnesia,	11.2629
Alumina,	0.0063
Phosphate of Aluminium, trace	2.8500
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Apr. 25—tf

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Mch. 22—tf.

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Roxbury, Mass.

Roxbury, Oct. 26, 1865.

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EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

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### DEPARTMENT OF MEDICINE AND SURGERY IN THE UNIVERSITY OF MICHIGAN.

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Ap. 11

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Extract Nux Vomica,	½	Emetine,	½
Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Cerrosive Sublimate,	1-12	Acetate Morphine,	1-8
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### DOUBLE PNEUMONIA—RECOVERY.

[Read before the Suffolk District Medical Society, February 23d, 1867, and communicated for the Boston Medical and Surgical Journal.]

By JAMES AYER, M.D., Boston.

I WAS called to Mr. E. W. G. on the evening of December 24 past, and found him sitting up in bed, with high fever, pulse rapid and full, 100 to the minute, pain of right side, thirst, orthopnoea, and a desire to cough, but no expectoration. Respiration much accelerated, difficulty of articulation, and patient complaining that he "could not get breath."

On percussion, decided dulness was noticed on right chest, all around on a level with the nipple, and from the second to the fifth rib, and on the right back below the angle of the scapula. Mucous râles were abundant and noisy over the larger portions of both chests, front and back. The tongue was covered with a white fur. His whole appearance was that of a very sick man. The heat of the stove was complained of, and the room at first was kept almost without fire. This was partially remedied by keeping towels constantly wet and hung around the air-tight stove; but this proving insufficient, a tin teakettle was afterwards procured, which set down deeply into the stove, and constantly threw out an abundant supply of steam from its open top and nose to maintain a moist atmosphere in the room.

Mr. G. was 62 years old, a very intelligent and active man, a master cooper by occupation, who had always headed his workmen, and had enjoyed perfect health. The only exception to this was an attack of pleurisy, when a young man, in the right side. For several years after this illness, he had suffered in that region from dull pain on exposure or over-exertion. He had ever been an industrious and hard-working man. In flesh, the muscular system was well developed and the fibre firm. No superfluity of fatty tissue, and no blood to spare; his usual weight was 165 pounds.

The following history was given me of the present illness. Mr. G. kept house the day before (Sunday, Dec. 23d), and had taken

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simple remedies and attempted a sweat the night before for his "cold." On Saturday, Sunday and Monday he had chills, loss of appetite, hot skin, thirst and difficult breathing, with pain of the side. For ten days previous to this attack he had been engaged with his men, working in a shed on one of the wharves, in melting lard oil sent from the West, and putting it into smaller casks. The weather just before Christmas, it will be remembered, was windy and very cold. The lard was thoroughly congealed and required a high temperature for its liquefaction. To effect this, the shed was battened with boards and afterwards caulked with wool, a large stove was set and kept constantly red hot. The stove, however, was found insufficient, and a second larger, or furnace-stove, was added. All the heat possible was obtained from both. The temperature probably was from 120° to 150° F., though no thermometer was kept on the premises to record the heat; but the inmates were all kept constantly in a profuse perspiration. As the casks were filled, Mr. G. opened the shed door and rolled them away, taking some little time to stow them outside; all this was done in his "shirt-sleeves." In this condition, with no additional clothing except a sack coat, the patient left his work and walked to the Mechanics' Building in Chauncey St. One of his shoes also had a loose sole, which exposed the foot to the chill of the sidewalk. After transacting some committee business there, he returned to the wharf. On his return he felt the first chill, and was sensible of taking a severe cold.

I have been thus minute in describing this extraordinary exposure, that its light may be thrown on the subsequent history of the case. The first question in the treatment was, shall blood be taken? In favor of the remedy there was a full pulse at 100 per minute, orthopnoea urgent, great amount of fever. A few years ago, I confess, I should not have hesitated, but performed venesection *ad deliquium*. But I hesitated. The attack was now three days old; the congestive stage was now in progress. No crepitus on the right chest could be detected, or only to a limited extent on the lower lobe of left lung. The vesicular murmur was entirely obscured by the coarse bronchial râles. Besides, the patient in health had no surplus of blood. The idea of bleeding was abandoned. A solution of tartrate of antimony and potash, one sixth of a grain, was ordered every two hours; pulverized ipecac and opium, half a scruple, at 9 o'clock; a sinapism to right side and a liniment of oil of turpentine and camphorated soap to be rubbed thoroughly over the chest, front and back.

Dec. 25th, morning visit.—Patient much the same as last night. Little or no quiet sleep. Sitting up erect all night. Complains of want of breath. No expectoration. Evening visit.—No special change. Râles universal. Spirits of nitrous ether and liquor of acetate of ammonia in equal parts—a teaspoonful to a glass of water for drink; also linseed tea, with lemon.

26th.—Passed a restless night; very little sleep. Slight perspira-

tion. An increase of cough, with frothy and viscid expectoration. Mucous râles more abundant. As no dejection had taken place for two or three days, a cathartic was ordered. *R.* Infusion. sennæ comp.,  $\mathfrak{z}$  ij.; magnesîæ sulph.,  $\mathfrak{z}$  ij.; tinct. gaultheriæ, gtt. xxx. *M.* At evening visit, found that a free action of the bowels had followed the morning dose. Respiration greatly embarrassed, and 24 per minute. A small blister, four by five inches, was ordered to right chest.

27th.—But little sleep. Blister had drawn freely, but afforded no perceptible relief. Respiration 26. Pulse full, 112. Jackson's pill of tartrate of antimony, opium and calomel was prescribed, one pill every four hours, and omit antimonial solution.

At 4 o'clock, P.M., Dr. Gordon met me in consultation. Finds engorgement of chest universal; dulness under the angle of right scapula and over the right side, on a level with the nipple. No evidence of hepatization. Pulse 120. Respiration 26. By Dr. G.'s advice a poultice of bread and linseed was applied to the right side, and the medicines continued.

28th.—Patient a little more comfortable; had a few hours' sleep through the night. Expectoration more abundant and more rusty. Febrile symptoms less urgent.

29th.—Much the same as yesterday. Dyspnœa more urgent. A second blister, five by six inches, to be applied over the top of the sternum.

30th.—Slight decrease of fever. Pulse 104. Respiration 28. Sputa abundant and rusty. Urine scanty and high colored. Sleep interrupted.

31st.—Passed the night a little more quietly. Pulse 104. Respiration 28. Patient takes oatmeal gruel freely.

January 1st, 1867.—Mr. G. had a more quiet night than heretofore. Pulse a little softer, but up to yesterday's mark in frequency. Difficulty of breathing less. He continued pretty comfortable through the day.

2d.—Passed a more quiet night. Expectoration free, and not so high colored. Respiration less labored, and 26 per minute. Pulse softer, and only 100.

3d.—More sleep through the night, though interrupted. Respiration freer, and same as yesterday. Pulse 100. The crisis of the disease has apparently arrived.

4th.—Several hours' sleep through the night. Symptoms same as yesterday. Whiskey was ordered, in moderate doses; also, cough mixture to be continued.

5th.—The night was spent in a restless manner; patient dozed but little. During the night the pulse ranged from 86 to 100, and respiration 30 to 32. Beef tea to be added to the diet, and milk punch.

6th.—Little sleep through the night, and only by snatches. Pulse

100. Respiration 28. Râles of chest diminishing and crepitation increasing. Expectoration abundant and slightly tinged with blood.

7th.—Night passed as heretofore. Small specks of purulent matter float in the sputa. On putting the ear below the right scapula, distinct tubular respiration and broncophony are heard. The affected portion appears to be at present limited to a moderate space.

8th.—Increase of puriform sputa. Tubular respiration more distinct and dulness on anterior wall of right chest.

9th.—Mr. G. spent a better night, and slept two or three hours. Pulse 88 to 90. Had his head lowered a little from the erect posture.

10th.—More comfortable. The tubular breathing more distinct. Purulent sputa increasing. A cup of coffee allowed this morning for the first time. The patient continued in this way, improving daily, except that the tubular breathing was gradually increasing in strength for ten or twelve days, and the purulent sputa kept apace. The cavernous sound, however, at length began to contract and the pus to diminish. The diet was improved, soups, broiled quails and chickens being added. The tongue began to clean; respiration less labored, but patient yet sleeps in erect posture.

12th.—Mr. G. expresses himself as having experienced the most quiet and comfortable night during his illness. Pulse 80. Respiration 24. Cough moderate and expectoration free. Little pain of right side.

16th.—Patient continues to improve. He takes a little cider and wine, in addition to whiskey. Tubular breathing yet noticeable, but diminishing.

19th.—Patient passed a comfortable night, and slept quietly till 6.30, A.M. He is so comfortable that his faithful watcher and friend proposes to discontinue the morning bulletin.

From the last date, the improvement was uninterrupted to February 1st, when from some little exposure while sitting up, he must have taken a slight cold; this, in connection with acidity of the stomach and constipation, induced a febrile attack, with pain of right side, dyspnoea and aggravated cough. Again he returned to the upright posture, and used the shoulder elevator, which he had almost abandoned. All these symptoms passed away in a week's time. Afterwards the convalescence progressed without interruption. Every visit revealed an increasingly improved condition of both lungs. The vesicular murmur was gradually returning, and the tubular sounds and broncophony had almost entirely disappeared. In some portions, however, crepitation, both large and small, was noticeable, as the inflammation gradually gave way. Nutritious diet, with stimulants, was relied upon to bring up the system. Morphia, in one-quarter-grain doses, if needed to procure sleep, and cough mixtures, were also employed.

February 14th.—Found Mr. G.'s pulse 72, full and soft; respiration 18, and nearly free; no pain or tympanites. He is able to sit up a greater part of the day. An exploration of the chest shows that the right chest is generally resonant on percussion, except in the vicinity chiefly affected dulness is yet noticeable. The vesicular murmur generally is distinct to the ear, with a slight mucous râle, confined to a small patch of the right lower lobe. No crepitus could be detected. Dulness decided under the angle of right scapula, and in the side and front on the same level. The bronchial respiration has disappeared. On taking a full inspiration, the patient complains of no pain. For the last two weeks he has been able to lie down in bed, and speaks of returning the elevator to the Massachusetts General Hospital. He walks into the adjoining room, but his gait is feeble; the knees and lower extremities are very weak; twenty pounds of flesh have probably been lost in this illness.

Much credit is due in the management of this case to good nursing, to the intelligence and zeal of the different members of the family in carrying forward my treatment, and in seconding every suggestion. This energy was not intermitted, although Mrs. G., soon after the crisis of his disease, was seized violently with colic, from the effects of which she did not recover for two weeks.

Another fortunate circumstance aided us materially. Mr. C., a warm friend of the family—who had resided many years in Paris, and accustomed to the care of the sick—was fortunately in the city, and served as a faithful watcher every alternate night. His morning bulletin gave an intelligent account of the progress through the night.

There are several particulars in this case deserving of attention:—

1st. The age and vigor of the patient.

2d. The extraordinary exposure.

3d. The severity of the attack, and the extensive surfaces involved.

4th. The good condition Mr. G. is attaining after so desperate a struggle with a disease so frequently mortal.

## MEDICAL BOTANY OF NORFOLK COUNTY.—NO. II.

[Read before the Norfolk (Mass.) District Medical Society, May 8th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By JOSIAH NOYES, M.D., of Needham.

QUICKLY responsive to the shrill piping from the innumerable tenants of our meadows and stagnant waters, and warmed from above by the genial sun's rays, and from below by the earth's coöperative influence, the vegetable world rouses from its dormant and desolate state and assumes the appearance of renewed life. The meadows and shaded places are often the first to exhibit the appearance of

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returning spring. Many plants, as though forgetful of the order of nature, put forth flowers before leaves; among which are the elm (*ulmus*), hazel, alder, maple, blood-root and skunk-cabbage, &c., the last of which, though it has borne the various generic names of *Pothos*, *Ictodes*, *Dracontium* and *Symplocarpus*, receives from all its deserved and appropriate specific designation of *foetidus*, as the olfactories will never mislead you in the recognition of this plant. It is accredited for stimulant, antispasmodic and narcotic powers, and is given in doses of ten to twenty grains. By drying, it loses strength. The leaves are sometimes applied to abraded surfaces, or follow the vesicating plaster as a subsequent dressing. Its principal use is as an addition to expectorant mixtures, a diffusible stimulant and anodyne in nervous disturbances and commotions. It has doubtless, in its recent state, and in free, full doses, considerable control over the spasmodic dyspnoea of asthma, taking the place, if rightly managed, of stramonium or hot coffee. An extract probably might be formed from it that could be kept without deterioration for a considerable length of time; perhaps an alkaloid might be extracted from it. In meadows and wet land, it may very easily be detected early in the spring, when it appears as a dark-brown or purplish-variegated cone projecting from the earth, without surrounding leaves. These subsequently appear, and are very large, the flowers having disappeared. The flowers can only be detected very early.

Associated with this, you will observe, later in the season, on the borders of brooks and in meadows, a plant with a stalk rising from three to five feet, with handsome, large, plaited leaves, and a large panicle of greenish flowers; this is the famous *Veratrum viride*, the therapeutic powers of which have come into notoriety through the praiseworthy exertions and investigations of a neighboring District Medical Society. You, of course, are familiar with them, and will not require me to dwell upon this plant now, as the rapid advance of the season, and, of course, vegetation, will call forth the most active and diligent exertions of the botanist to keep pace with it. In strong but modest contrast with these are the *Coptis*, or gold thread, used in aphthous affections of infants, and *Violet*—both with modest flowers—a species (*pedata*) of the latter having demulcent and expectorant powers. From another species (*V. odorata*), the *violina*, or *violine*, said to be analogous to emetine and “highly poisonous” (*Orfila*), is obtained in the form of an alkaloid.

The violet family, of the natural order *Violaceæ*, is very numerous, very common along our roads, in pastures, meadows and waste places. Some have white, some yellow, but most blue flowers. Some have already flowered; others will appear successively through the season. The *Coptis* has a single species, *trifolia*, and is less common in our vicinity. Of equal modesty is a plant, already flowered, occasionally met with in woods and pastures, of quite diminutive size, the *Hepatica*, of which there are two species, *H. triloba*, and

*acutiloba*, or liverwort. This is a well-known demulcent, and was, for a time, of great repute and notoriety, in all the newspapers and in all the shop windows, as a cure for all coughs, &c. It has had its day, like many others, and is now little thought of, except as a mild and safe demulcent, as said above. The *Anemone*, or wind flower (*anemone*), is another genus of the natural order *Ranunculaceæ*, which includes many acrid plants, has two species flowering early, a little before or about this time, bearing very delicate and pretty flowers, white, with purplish back to the petals; and two large, coarse, hardy species flowering later. Of the former are, *A. nemorosa* and *thulictroides*, or, as Gray has it, *Thulictrum anemonoides*, reversing the terms; and of the latter, *A. cylindrica* and *Virginiana*. The *Pulsatilla*, of some note with some practitioners, you may search in vain for in this vicinity, as it is found at the West.

Other flowering plants, or those that have flowered, or are now in flower, are, *Ulmus*, elm; *Corylus*, hazel, hazel-nut or filbert, of the natural order *Cupulifera*; the *Alnus*, alder, of natural order *Betulaceæ*; *Salix*, willow, several species, of natural order *Salicaceæ*; *Cassandra calyculata*, formerly *Andromeda calyculata*, leather-leaf, of natural order *Ericaceæ*—a good diuretic and tonic; *Acer*, maple, of subordinate order *Acerineæ*, natural order *Sapindaceæ*; *Caltha palustris*, marsh marigold, or often called “cowslip,” growing in swamps and meadows, with large, bright yellow flowers, now in flower and for the past fortnight, often gathered and used, boiled, for “greens,” but of the order *Ranunculaceæ*, which includes many acrid plants; *Polygala paucifolia*, in flower about this time, is seen on roadsides under bushes, having a few leaves at the top of the stem, larger than other species seen hereabout, and rubbed between the thumb and finger emits a fragrant odor—its common name fringed polygala and flowering wintergreen—it is expectorant and aromatic. Another species, not found here, is the *P. senega*, a well-known expectorant—natural order *Polygalaceæ*.

I would call your attention, at this time, to a good astringent found by walls and fences, around the borders of fields and pastures, and under bushes—the *Geranium maculatum*, cranesbill, of natural order *Geraniaceæ*, having purple or purplish flowers, modest, yet handsome. The root is the medicinal part, being used in powder or infusion in dysentery and diarrhœa; it is perennial. Other astringents may call for your attention for weeks or months to come, viz., the oaks, birches, willows, in their numerous species and varieties, the *Rubus*, or blackberry, &c.

The beautiful *Cypripedium acaule*, lady's slipper, of natural order *Orchidaceæ*, will be seen in woods, with its inflected, purple-veined, unique flowers (calling the most conspicuous part such), with two large, handsome leaves at the base of the stem. It has some reputation as a tonic, stimulant and antispasmodic; and is, as Dr. King says, “extensively used in nervous disorders of females, both during preg-

nancy and in its absence." The *C. pubescens*, with yellow flowers, is included in the secondary list of the new revised U. S. Pharmacopœia. This plant, in several of its species, deserves a place in the flower garden. Its alkaloid is cyripedin—dose three grains.

The beautiful and delicate *Sanguinaria*, bloodroot, now in blossom under my window as I write, is occasionally found within our reach, but more commonly farther back in the State; it is easy of cultivation, and where it gets a foothold will stick and revel as though in its own *habitat*. The flowers are pure white, showy, and precede the leafing; natural order *Papaveraceæ*. It has with us but one species—*S. Canadensis*—and is one of our most efficient expectorants; in large doses, ten to twenty grains, a prompt emetic; given in powder, it is also a good escharotic. It takes both its scientific and common name from the color of its juice.

By a nice coincidence, as the destructive caterpillar comes forth about the 20th of April, or a little later, and needs food, the *Prunus scrotina*, wild black cherry, opens its buds to feed it with its young and tender leaves. These seem its most cherished food, though it makes little objection to a taste of the tender leaves of the apple. But my business is not with insects. The *Prunus* thus introduced to your notice is a valuable tree and medicine; of natural order *Rosaceæ*. The *Prunus Virginiana* of the U. S. Pharmacopœia appears to be the *scrotina* of Gray and *Cerasus scrotina* of Wood; and though the U. S. Pharmacopœia calls it *P. Virginiana*, its bark is said to be of the *Cerasus scrotina*; it possesses tonic and sedative power, and is used in dyspepsia, phthisis, hectic and intermittent fevers. It is said it enters into, and doubtless aids the sale of, "Wistar's Balsam of Wild Cherry" and "Ayer's Cherry Pectoral." The berries of the choke-cherry, *P.* or *Cerasus Virginiana*, are strongly styptic, and are used in aphthous affections and looseness of the bowels, as dysentery and diarrhœa. The berries of both species are much used, steeped in spirit, for such complaints.

Of the Elms there are two species, besides a variety introduced, viz., *Ulmus Americana* and *fulva*, or American white elm and slippery or red elm—the former the noblest and most graceful ornamental tree used on roadsides and about dwellings, and possessed of astringent powers; and the latter, rare in this vicinity, used as a demulcent. Both have already flowered, but the seeds may yet be seen.

As we abound in tonics and astringents, especially the latter, the *Rubus*, blackberry; *Comptonia*, sweet fern; *Ceanothus*, American tea; *Quercus*, oak; *Sanicula*, sanicle; *Agrimonia*, agrimony; *Geum*, avens, will claim some attention as the season advances. Two species of the *Rubus*—*R. villosus*, tall blackberry, with a stem stiffly erect, and *R. Canadensis* of Linnæus, but *trivialis* of Pursh, Bigelow, and others, a trailing plant, whose berries are eaten and sold in the market—have roots valued for their astringency. These are very common around us. The *Comptonia asplenifolia*, or sweet fern

(though it is no fern), is a well-known, sweet-scented bush, often a perfect miniature tree one to two feet high, combining a balsamic with its astringent property, like the *Inula helenium*, *elecampane*, with its expectorant power: The *Ceanothus Americanus*, New Jersey tea, or red-root, has been used as a substitute for tea, and I wish further experiments might be made with it. A decoction of its root is employed as an astringent, like others of its class, internally in aphthous affections, sore throat and looseness of the bowels, and as an injection in leucorrhœa. It is a bush found among other bushes, and bears dense clusters of small, white flowers in July. It is of the natural order *Rhamnaceæ*—buckthorn tribe. The *avens*, *Geum rivale*, an excellent astringent, is found in wet ground, with purple, nodding flowers. The *sanicle*, *Sanicula*, has two species—*S. Canadensis* and *Marylandica*—found in woods and pastures, with flowers rather inconspicuous, in small umbels in June, &c.; its medicinal properties are given above. *Agrimonia eupatoria*, common agrimony, is often seen on roadsides, among bushes and by fences, and is known by its long, branching spikes of yellow flowers, scattered along the stem, with hooked bristles at the base; a good and efficient astringent, and of natural order *Rosaceæ*, which embraces many of our most useful and safe plants. The same may be said of the *Statice limonium*, marsh rosemary or sea lavender, growing on salt marshes, abundant in your vicinity, Mr. President, with a profusion of purplish or lavender-colored flowers in a paniced corymb, a foot or two high, of natural order *Plumbaginaceæ* and artificial class *Pentandria*, order *Pentagynia*; flowers in August and September. This must not be confounded with the *Rosmarinus*, a foreign plant, and of very different properties, though of the same generic and common name, calculated to mislead. Others, perhaps equally interesting, might be noticed had we time, but these will be as many as can be well remembered at this time.

## PARALYSIS OF THE PYLORIC PORTION OF THE STOMACH.

By W. G. FROST, M.D., Pownal, Me.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. R., æt. 45, of previous good health, except an occasional attack of bilious derangement, was suddenly attacked, on the 14th of May, with urgent dyspnœa. Severe from the first, the symptoms presently became alarming. She obtained relief in an hour, when an emetic was administered, followed by a cathartic, which operated freely. Through the day following she remained nauseated, but on the 16th was better, and a speedy recovery was expected. She then unwisely ate some rich broth, and presently commenced vomiting, which continued in severe paroxysms till the evening of the 18th. On the 19th she was comfortable, but could not retain food or medicine on

the stomach. The bowels had not moved since the 15th, but there were no signs of mechanical obstruction. There was no pain, no tympanites; the pulse had not been above 70, full, strong and normal; tongue foul; much thirst; skin dry and hot. "A deathly feeling at the pit of the stomach," was all she complained of. On the 20th the bowels had not been moved, and a drop of croton oil was given and accompanied with cathartic enemata. No movement of the bowels followed. Satisfied that physic had been sufficiently tried, it was dropped, and the case, thoroughly investigated, was diagnosed as one of paralysis. Acting on this decision, the patient was placed on nux vomica, and the electric current was passed from mouth to anus and repeated in three hours.

May 21st.—The patient passed a comfortable night. One operation from the bowels this morning. A physician saw the patient with me in the afternoon. He confirmed the diagnosis, advised the treatment continued, and made a favorable prognosis. Two more operations of the bowels at night.

22d.—Patient is feeling somewhat better. Has taken beef-tea and gruel to-day, and retained them well. Repeated the electrical current and continued the nux vomica. One operation to-day.

23d.—Treatment continued. One operation.

24th.—Gave two compound cathartic pills. Repeated galvanic current. Continued nux vomica. Two operations to-day.

25th.—Patient steadily improving. Discontinued the use of the battery and nux vomica. Bowels respond readily to physic.

Throughout the case the pulse was normal, except under the excitement of the battery it rose to 85, and once to 92.

#### EXAMINATION OF THE EXTERNAL AUDITORY PASSAGE.

*To the Editors of the Boston Medical and Surgical Journal.*

IN the interesting article from my friend Dr. Shaw, on this subject, in your JOURNAL for May 30, occurs the following sentence:—"From the great uncertainty which attends the weather, recourse must be had to artificial light, which will be found an efficient substitute" (that is for ordinary daylight or sunlight). One of the great advantages which the method of illumination of von Troëltzsch, of which Dr. Shaw justly speaks so highly, is, as it seems to me, the fact that we are *never obliged* to substitute lamp or gaslight for ordinary daylight, even if the weather be cloudy or stormy. I have never as yet seen the daylight which was not sufficient to fully illuminate the auditory canal and membrana tympani, when reflected by the concave mirror. Believing, as I do, that the introduction of this simple means of examination has done more for the advance of our knowledge in ear disease than any one suggestion ever made in this province, I am induced to ask you to insert this as an addendum to an article which has

done a real service to the profession. If I am correct in my views of the adaptability of the mirror to any weather, cloudy or pleasant, its use becomes still more simple.

New York, June 3d, 1867.

Respectfully,  
D. B. ST. JOHN ROOSA.

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#### THE FEVER THERMOMETER.

(Concluded from page 370.)

A FEW months since, a young man, 18 years of age, and by occupation a farmer, presented himself to me with the following symptoms: Had been "feeling badly" for about ten days; slight headache; tongue lightly coated; urine high colored; some diarrhœa; pulse 86. He had no chills; his appetite was not much impaired; his bowels were not tympanitic, and he was performing his regular work upon the farm.

Was this a case of simple malaise, autumnal diarrhœa, or typhoid fever? It did not seem to me easy to decide. But on applying the thermometer to the axilla, the mercury rose rapidly to 103. This enabled me to exclude the two former, and the patient was accordingly warned that his disease was probably typhoid fever, and was advised to take his bed, which he was soon glad to do.

Three days after, the symptoms had become well marked, and indicated a case of rather more than usual severity. On the ninth day, there were perceptible signs of convalescence, and the case progressed finely until the thirteenth day, when his symptoms were as follows: Very slight meteorism of the bowels; pulse 76; tongue and teeth clean; no delirium, and a moist skin, the temperature of which was 99. A speedy convalescence was predicted. On making my evening visit, eight hours after, I found him apparently comfortable, but a slightly corrugated appearance about the eyebrows arrested my attention. The pupils were slightly contracted, and he complained of a disagreeable feeling in the head, although no pain. He was in an unusually happy frame of mind, which was the more noticeable as the degree of exhilaration was equal to that caused by the taking of cerebral stimulants. His pulse was a little quicker; otherwise his symptoms were unchanged. There was no suppression of the urine, and he had taken no opiates. Had had considerable company during the day.

Were these symptoms owing to simple fatigue, or to the advent of cerebral disease? The thermometer indicated his temperature at 105°, a rise of six degrees in eight hours. From this fact, I judged that meningitis had supervened, and an unfavorable opinion was at once given. The prognosis was confirmed on the following day by his death, preceded by coma and convulsions.

In making a differential diagnosis between the different forms

of hysteria and the diseases which they so often simulate, I have found the thermometer of almost invaluable aid.

A few days since I was called to a maiden lady, 30 years of age, and found her condition as follows: She had been out the day previous, and wet her feet, which was followed in the evening with chills and cephalalgia. Her temperament was nervous, and her health had been frail for a long time. At the time of my visit, she complained of intense pain in the head, rigidity of the cervical muscles, slight strabismus and great intolerance of light. Pulse 98, and tongue white. Her suffering was apparently intense. She had menstruated regularly ten days before, and this was the first attack of the kind she ever had. Her symptoms were of no slight gravity, especially in these times of cerebro-spinal meningitis. But on careful examination with the thermometer, I found her temperature to be perfectly normal. Consequently my diagnosis was hysteria, and a warm bath, with ten grains of Dover's powder, were ordered. She recovered on the following day.

In the incipient stage of pulmonary tuberculosis, the instrument often enables us to make a positive diagnosis and prognosis, when without it we could at best only conjecture. An illustrative case of this kind has recently come under my observation. A machinist, 24 years of age, who had had two or three attacks of hæmoptysis within eighteen months, was seized with pleuro-pneumonia of the left side. The disease, though violent at first, had nearly subsided at the end of three weeks. A small quantity of fluid remained in the left pleuritic cavity, which occasioned but little inconvenience. He was apparently convalescing very finely. But the heat of the skin remained persistently at 101. This I considered an indication of tubercle, though I could detect none. I gave an unfavorable opinion, but as the friends could not see the need of further attendance, I left my patient under protest. A week later I was recalled, and found my suspicions confirmed by a set of symptoms which indicated plainly that a rapid deposition of tubercle was going on in the upper part of the right lung. His average daily temperature was now from 102 to 103. He died three weeks after, of acute phthisis.

I have found the thermometer quite as useful in the diseases of children as of adults. It is especially so when we find it necessary to exclude from a doubtful group acute hydrocephalus.

Also, it is a point of some interest to note the exact fall resulting from the administration of antimony, veratrum viride, and the warm bath.

My experience in the use of the fever thermometer, though as yet limited, has convinced me of its great practical utility. It has brought to the light of the profession one of the most important phenomena of disease and endowed it with a clear and definite language. He who reads it correctly and brings the principles upon which its

use is founded to bear upon his daily practice with an intelligent discrimination, cannot fail to attain a higher degree of efficiency in his diagnosis and prognosis.

ALTERATIVE LAXATIVE PILL.

*To the Editors of the Boston Medical and Surgical Journal.*

IN the course of a long practice, extending over nearly thirty years, I know of no want that I have more constantly felt than that of some means by which the bowels could be kept in regular order, without producing irritation or debility: especially in females and in sedentary gentlemen, who, with the necessity of unremitting brain-work, cannot, or at any rate do not, allow themselves sufficient recreation and exercise to keep the system in a healthful state. To meet this want I prepared, three years since, the following formula: **R.** Pil. aloin cum ferro, gr. xxiv.; ext. nucis vom. alc, gr. vi.; pulv. ipecac., gr. vi. **M.** Fiant pil. No. xviii. Dose, a single pill.

In order to insure as uniform and perfect a result as possible, I procured the services of the excellent practical pharmacist of Boston, Mr. Hunnewell, whose aloin and iron I had used. From that time he has continued to make the pills for me, and to my entire satisfaction. So exactly and perfectly have they supplied the want that I had so long felt, that I have thought it worth while to offer them to my professional brethren, and I do so with entire confidence that none who use them will be disappointed in the result.

The pills are small, about one half the usual pill size. One of these, taken each night, keeps the bowels in a regular condition, operating without pain, and of course chiefly by its tonic power; while the whole system gently but surely feels the strengthening effect of the iron and nux vomica.

I think the formula cannot fail to commend itself to those who have considered the causes of this torpor of the bowels in the class of patients to which I have referred; and I am sure no one will be disappointed, who will give the pills a faithful trial. I presume they can be obtained in any desired quantity of Mr. Hunnewell.

*Portland, Me., June, 1867.*

GILMAN DAVEIS, M.D.

**Bibliographical Notices.**

*Dictionnaire Annuel des Progrès des Sciences et Institutions Médicales (An Annual Dictionary of Medical Sciences and Institutions).* By P. GARNIER, M.D., &c. &c. (Third Year, 1866.) One vol., 12mo., pp. 523. G. Baillière, Paris, January, 1867.

THE third volume of this work has reached us, bearing renewed and evident proofs of professional success and substantial encouragement.

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This is as it should be, for in all the essentials of a summary adapted to the wants of the busy practitioner it surpasses anything of the kind before or since attempted, being in this respect far ahead of any of the Year Books, Retrospects, Abstracts, and the like, that we have ever seen. The author in this volume, says M. Latour its accepted Godfather, has collected and epitomized with accuracy and intelligence all that has been published in the medical world worthy of being retained, and this with a perfect appreciation of the diversified necessities and multiplied interests of the profession. The more and more emphatic encouragements which the work continues to receive are fully merited, as the author, far from resting on his success, bends all his efforts to merit it the more, by improving year by year this interesting publication. More concentrated analyses, more frequent valuations, less reserved criticisms, comments always judicious but now a little less timid, a more extended bibliography, bolder incursions into purely professional matters, richer indications of facts in medical jurisprudence—these are some of the improvements noticeable in the present volume. The work is, in fact, as its title indicates, an annual history of the progress of medical science and institutions.

In attesting to the truth of the above estimate, what more need be said? Nothing—except to advise every one who has not seen the work, and who wishes to keep pace with the times, to procure it at once. Those who have had the previous volumes will not remain long without this. \* \* \*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, JUNE 20, 1867.

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### EXPULSION OF MR. BAKER BROWN FROM THE OBSTETRICAL SOCIETY OF LONDON.

THE expulsion of Mr. Baker Brown from the Obstetrical Society of London, which we have already briefly mentioned, deserves something more than a passing notice. It is an event which concerns the medical profession everywhere, being a solemn act of a body of enlightened physicians, acting under a strong conviction of duty, and animated by a determination to save the profession from the stigma of a tacit acquiescence in a most reprehensible course of one of its members. Some time since we referred to the controversy then going on in England between Mr. Brown and the opponents of his wholesale operation of clitoridectomy as a cure for epilepsy. We have had no space, nor inclination if we had, to lay before our readers the abominable details and angry correspondence which this controversy has brought out in the English medical journals. It is sufficiently evident that the strongest feeling of indignation must have been aroused to lead to the decisive step which has fixed an unfaceable stigma upon a man who has heretofore held a high place in the ranks of living surgeons. In order, however, that the final grounds for the action of the Obstetrical Society

may be fully comprehended, we publish the following summary of charges, as we find them in the *Medical Times and Gazette* :—

The charges implied in, or deducible from, the published matters may be thus summed up :—1. "That clitoridectomy has been performed by Mr. Baker Brown on married women without the knowledge and consent of their husbands, and upon both married and unmarried women without their own knowledge of the nature of the operation. It will be seen from the case related by Dr. West, and supported by the authority of Mr. Paget, as well as by the statements of the ordinary medical attendant, the patient herself, and her husband, that the clitoris was removed without the knowledge of her husband, and without the ordinary medical practitioner being consulted as to its propriety, although he was present when the operation was performed. These facts stand admitted by Mr. Brown. The lady herself, 53 years old, declared she had never practised self-abuse, and that the operation was performed without her being cognizant of its nature. Mr. Brown, it will be observed, accuses the lady of malpractices, and endeavors to throw discredit on her testimony, but he does not plainly and directly contradict her declaration that the clitoris was cut off without her knowing anything of the operation until after it was performed."

2. "That Mr. Brown has amputated the clitoris entirely on his own responsibility, and without the concurrence of the patient's ordinary medical attendant, who was, notwithstanding, present at the operation. Conduct so directly at variance with the rules that govern the mutual intercourse of professional men meeting in consultation, cannot fail to compromise the ordinary medical attendant, and to place him in a degraded position."

3. There is quite a minor charge, as to whether Mr. Brown did or did not offer to submit the operation to the judgment of the Council of the Obstetrical Society. On which the Council say, "no available request to appoint a committee ever came before either Council or Society, while, on the other hand, the whole of this correspondence goes to show that, while professing to court inquiry, Mr. Brown was really taking considerable pains to avoid it."

4. The charge of "want of credibility as to matters of fact and detail." As an instance of which may be taken Mr. Brown's letter to the Commissioners of Lunacy, in which he states that the Surgical Home "is not open for the reception of females of unsound mind," coupled with the fact that his book is entitled "On the Curability of certain Forms of *Insanity*, &c.," and that some of the cases of insanity were treated in the Surgical Home.

The answers to these charges were not satisfactory to the Council of the Obstetrical Society, and in accordance with the by-laws a meeting was called at their instigation to consider the question of expelling the offender from the Society. The proceedings of that meeting are reported in full in the London journals, and they present a most painful picture of moral obliquity on the part of Mr. Brown or else of extraordinary mental hallucination. The resolution of expulsion was moved by Mr. Seymour Haden, who gave an account of the previous action of the Council in the matter, and earnestly advocated its adoption. He was followed by Mr. Barnes in a most powerful speech, manly and dignified, but most damaging to the unhappy subject of his remarks. Mr. Brown had an opportunity for a reply, although it must be admitted he was hardly listened to with the patience which justice required at the hands of the Society, and was almost driven, at one time, to give up all attempt at defending himself. Silence was at last obtained, however, and he had a full opportunity for all he chose to say. It must be confessed his argument was most lame and impotent, if fairly reported. Dr. Routh and Dr. Savage said all they could in extenuation of his offences, rather in the way of a plea for mitigation of sentence than as a defence of his malpractices. The Society, however, had evidently made up its mind on the subject, and could hardly listen to any other words than those of condemnation.

The by-laws require a vote of two thirds of those present for the expulsion of a member. The vote for the expulsion of Mr. Brown was 194; against it, 38; non-voters counted as against it, 3, making 41—being 38 more than the number required by the by-laws.

And thus has the Obstetrical Society vindicated the honor of the medical profession in England, and established a precedent which cannot fail to have a salutary influence in restraining the rashness of men, who might otherwise be tempted by a desire for notoriety or a thirst for gain into practices unworthy of its members. The example can hardly be limited in its effect to the community where these painful occurrences have taken place, but must strengthen everywhere the spirit of those who are determined to keep it uncontaminated by the debasing tendencies of the time.

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*Operations for Cataract at the City Hospital in 1866.* MESSRS. EDITORS,—Your issue of March 28th contained a just criticism on a remark made in a previous number (but not by myself), that only two failures had occurred in forty-two operations by extraction; to the effect that eight cases remained under treatment, and their results undetermined.

I have been unable till now to send you a supplementary report, because one patient, living at a great distance, has only yesterday reported himself for observation.

Two more unsuccessful cases must be added to the list of failures. But, in one case, the patient had previously had irido-choroiditis, and an unfavorable termination was considered probable before he was operated on, at his request, as a last resort. The other patient insisted on leaving the hospital at a very early date, though a good result was apparently secure at the time of her discharge.

One other case resulted in partial success; the pupil being in some degree obstructed by a portion of capsule. This could readily be torn across, but as the other eye recovered good vision, the patient declines even the slight operation required to complete the result in the second eye.

The other cases resulted successfully; and, in regard to your suggestion that this term is to be considered too indefinite, I would say, that the standard has been, ability to read ordinary print—being that adopted by the American Ophthalmological Society.

Very truly yours,

Boston, June 11, 1867.

H. W. WILLIAMS.

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MESSRS. EDITORS,—I have learned this afternoon of the death of a very estimable lady in Cambridgeport, thirty-six hours after the removal of a large fibrous tumor and with it nearly the entire uterus. This is the second lady formerly a patient of mine who has lost her life by like reckless and injudicious treatment. Please allow me publicly to protest most solemnly against such practice, and earnestly to beg of my professional brethren everywhere to use their utmost influence to prevent their patients and friends from employing or consulting such practitioners.

Yours respectfully,

ASA MILLET, M.D.

Bridgewater, June 8, 1867.

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AT a meeting of the physicians in attendance upon Prof. H. R. Storer's course of lectures on the Surgical Diseases of Women, just delivered at Hotel Pelham in Boston, the following preamble and resolutions were adopted:—

WHEREAS, We, the attendants upon Prof. H. R. Storer's first private course of lectures on the Surgical Diseases of Women, being regular practising physicians and surgeons, have long experienced the disadvantages arising from the very imperfect manner in which these subjects have been treated in our various text-books, and by the professors in our colleges; many of the most important diseases and operations being entirely ignored, by men who think deeply and

reason candidly in all other matters pertaining to medicine and surgery; and whereas, we cannot but feel that this class of diseases is the most important, believing it to be the cause of more suffering than any other, therefore,

*Resolved*, That we tender to Dr. Storer our sincere gratitude for taking the advanced step which he has, thereby giving us, as we hope he will hereafter give others, the opportunity of hearing these subjects discussed thoroughly and impartially.

*Resolved*, That a copy of these resolutions be presented to Prof. Storer, and sent to the Boston Medical and Surgical Journal and the New York Medical Record for publication.

(Signed)

CHAS. M. CARLETON, Norwich, Conn.

DANIEL MANN, Pelham, N. H.

G. E. BULLARD, Blackstone, Mass.

J. A. McDONOUGH, Boston, Mass.

M. C. TALBOT, Warren, Penn.

H. GEROULD, Erie, Penn.

E. F. UPHAM, W. Randolph, Vt.

G. J. ARNOLD, Roxbury, Mass.

W. A. I. CASE, Hamilton, C. W.

W. L. WELLS, Howall, Mich.

Boston, June 15, 1867.

*Tumor of the Cerebellum.*—The uncertainty of diagnosis in this affection is well illustrated by the following case, which we find in the *Union Médicale*:—

“A case of Tumor of the Cerebellum, communicated to the *Gazette Médicale de Lyon* by M. FRANÇAIS. I hoped, on reading this title, to find something which might help to clear up the functions of the cerebellum, which are still surrounded by obscurity, notwithstanding the numerous works of contemporary physiology; but No! a tumor as large as a pigeon's egg, mammillated, consisting essentially of Robin's cytoblasts, lodged in the centre of the left lobe of the cerebellum, prolonged as far as the opposite side, and to the inferior surface of the tent of the cerebellum, displacing the nervous substance, excavating a bed for itself, this tumor produced only very severe pain in the nape, an extraordinary stiffness of the neck, a kind of torticollis, occipital headache, some epileptiform seizures, a little amblyopia. There was no disturbance of the movements of the life of relation, nor of those of organic life; no affection of the sensibility; no interference with the coördination of movements; no trouble with the generative system. The patient, a young man of 23 years, died slowly in coma, preceded by great prostration and sub-delirium.”

*Contagiousness of Cholera.*—We find the following in the *Union Médicale* of May 14th, contributed by one of the Editors, Dr. A. CHEREAU:—

“Permit me on this occasion to cite a case, almost personal to myself. It needed but this, verified with care, as it has been by me, to place me in the party of the contagionists. It occurred two years since, when the pestilence was committing cruel ravages in Paris.

“One of my patients is a proprietor at Fontenay-le-Fleury, at the very gates of the park of Versailles, of a settlement of workmen, composed of a number of modest dwellings. These tenements form a regular square, enclosing a large court, almost in the open country, far from the village proper. Cholera had never invaded this peaceful place, open to the air, light and sun. A young woman, a resident of this place, came to Paris, to the *rue Dauphine*, for a nursing child, whose mother had died from an attack of virulent cholera; the child was well. Two days after its arrival at Fontenay, it died of cholera; the nurse herself soon followed it, and in eight days the disease attacked many inhabitants of the settlement, killing some, causing extreme suffering in others. The epi-

demie stopped here, in this square of dwelling houses, sparing the principal portion of the village. Wishing to examine the locality for myself, I visited Fontenay. I interrogated the relatives of the victims, of whom I was able to number the whole. I was convinced, by the eloquence of facts, and the declaration of the residents, "It was that unfortunate nurse who brought the cholera to us from Paris!"

*Cholera in Ireland in 1866.*—The Rev. Samuel Haughton, M.D., F.R.S., in a paper entitled "A Scientific Inquiry into some of the Causes alleged to produce Asiatic Cholera," published in the *London Medical Times and Gazette*, gives a map of Ireland, showing the course of the disease in that island during the last epidemic. The following is his summary of its progressive appearance at various points:—

I. *Dublin.*—This city received its first case of cholera, as I have already stated (p. 164), in the person of a young woman named Magee, who imported the disease from Liverpool into No. 22, City Quay, from which point it spread all over Dublin and the suburban towns, destroying in six months 1193 persons. N. B. The total number of deaths in Liverpool from cholera was 1760.

II. The towns of the *second grade* are *Belfast, Dundalk, Drogheda, and Wexford*. Of these towns, the first three imported their cholera directly, by sea, from Liverpool, and the fourth town, Wexford, received its cholera, by sea, from Cardiff, in South Wales.

III. The towns of the *third grade* are *Mountmellick, Athy, Mallow, Westport, Sallins, and Limerick*.

In all these cases there was distinct evidence of the importation of cholera, either from Dublin or directly from Liverpool.

*Mountmellick.*—September 22, 1866.

*Sallins.*—September 26, a railway porter.

*Limerick.*—Before September 26.

Cholera was introduced into the neighborhood of *Athy*, and into *Mallow*, directly from Liverpool; and its entrance into *Westport* was traced by those residing in the neighborhood to importation from Liverpool.

IV. The towns of the *fourth grade* are *Arklow, Carrick-on-Shannon, Longford, and Athlone*.

V. The towns of the *fifth grade* are *Carlow, Roscommon, and Clonmel*. I traced the introduction of cholera into Carlow to a case imported from Dublin.

VI. The towns of the *sixth grade* are *Cork and Ballinasloe*. Cork was threatened, early in the season of pestilence, by the arrival of the *Helvetia* off the harbor, crowded with German emigrants, among whom cholera had broken out. The *Helvetia* was ordered back to Liverpool, and imported the disease into that town, from which place it was subsequently introduced into Cork. Ballinasloe received its cholera from Drogheda.

VII. The towns of the *seventh grade* are *Clones and Newbridge*. Cholera was introduced into Clones from Dundalk, and into Newbridge from Dublin.

VIII. *Tralee*.

IX. *Mullingar and Parsonstown*. Parsonstown received its cholera by importation direct from Sheffield, in England; and this town and Wexford are the only places in Ireland that received cholera from any other centre than Liverpool, directly or indirectly.

X. *Wicklow and Killougher*. The cholera was introduced into Killougher, as shown on the map, by a herring boat from Balbriggan, and not from Belfast as might be supposed.

XI. *Kilrush and Bantry*. The cases of these two towns are described in the letter of Dr. C. C. King already given.

From the foregoing analysis, it appears that of the twenty-nine chief towns named—

*Four towns* received cholera by steamboat from *Liverpool*

*Twenty-three* obtained cholera from *Liverpool*, either directly or via *Dublin*, *Drogheda* and *Dundalk*;

*One* obtained cholera from *Cardiff*;

*One* obtained cholera from *Sheffield*;

and further, that in every case cholera showed a preference for travelling by railway trains, instead of trusting to epidemic influences.

*Iowa State Medical Society.*—This body adjourned on Thursday night, May 23d, after a protracted evening session, having been together for the full period of two days. The amount of business transacted was very large, and it was apparent that members of the various standing committees had given a great deal of attention to the various subjects assigned them, and in consequence the reports generally, both written and verbal, attracted deep and absorbing attention, excluding almost entirely extraneous and irrelevant matter from the arena of discussion. Dr. Baker delivered the annual address, the subject of which was, "Medicine not an Exact Science." The discourse was liberal in its tone, full of striking and useful thoughts, and occupied a short half hour in the reading.

*Boston Public Baths.*—Some idea of the great and growing usefulness of the free public baths may be gained from the fact, that on Saturday last the number of bathers at one of them, that at Cragie's bridge, was over twenty-three hundred, and this is only one of twelve similar establishments.

*Infectious, Contagious and Pestilential Diseases.*—Dr. E. B. Dalton, Sanitary Superintendent Metropolitan Sanitary District, has notified every physician in the Metropolitan Sanitary District to report to the Metropolitan Board of Health all cases under their care of such diseases as have been declared by said Board to be of an infectious, contagious or pestilential character, and that the following have been so declared:—cholera, yellow fever, smallpox, ship or typhus, typhoid and scarlet fevers, and measles. It is not intended to make these reports public, or to annoy patients or their families with visits from sanitary inspectors, unless when the physician's report shall show the necessity therefor.—*Medical and Surgical Reporter*.

*The International Ophthalmological Congress*, which was to have held its annual meeting in Vienna, will be held in Paris. This change has been made on account of the expected presence in that city of a large number of men of science during the present summer, and the impossibility of turning the current towards Vienna. The Congress will be opened on the 12th of August, and will be followed immediately by the International Medical Congress.

*The Quarterly Journal of Psychological Medicine and Medical Jurisprudence*, is to be the title of a new medical periodical to be issued the 1st of July next. The contents will embrace: 1. Original articles on the Physiology and Pathology of the Mind and Nervous System, and on questions of Medical Jurisprudence. 2. Selections and Translations of Memoirs from Foreign Journals. 3. Reviews and Bibliographical Notices. 4. Chronicle of the Physiology and Pathology of the Mind and Nervous System and of Medical Jurisprudence. It will be edited by William A. Hammond, M.D., of New York.—*Medical Record*.

*General Association of the Physicians of France.*—The eighth meeting of this association was held in Paris on the 29th of April, this being the ninth year of its existence, no meeting having been held in 1865 on account of the epidemic of cholera in Paris. The association numbers 6,293 members; during the past year 136 members have died, and 220 new members have been added. Its

finances are in the most prosperous condition, its capital amounting to 471,535 francs. During the past year the legacies and gifts to the association have been 13,113 francs, and the sum distributed for charitable purposes has been 27,452 francs. Since its foundation it has distributed more than a hundred thousand francs in this way.

*Coercion exercised upon Doctors in Peru.*—The *Gaceta Medica* of Lima contains the following enactment of the Governor of Arequipa. No medical man is allowed to refuse assistance to any one, either by night or day, under a fine of £10, which may be enforced by the party thus refused. The like penalty is incurred by any apothecary who shall refuse to make up a prescription or to administer any remedy, be it in the course of the night or day.—*London Lancet*.

THE medical profession in Vienna is to be represented at the International Congress at Paris in August by Professors Oppolzer and Sigmund, Dr. Benedikt, Professor Duchek, and Dr. Wittelshöfer.—*Med. and Surg. Reporter*.

DR. DANIEL G. BRINTON, formerly Surgeon and Brevet Lieut.-Col. U.S.V., has become an associate with Dr. S. W. Butler, Editor *Philadelphia Medical and Surgical Reporter*.—*Medical Record*.

DR. MARTYN PAYNE, the venerable Professor of Materia Medica in the University Medical College, has retired from the active duties of his chair, after an acceptable service of twenty-five years, and is now Emeritus Professor. His successor, Dr. William H. Thompson, brings eminent qualifications to the position.—*Ibid*.

The *International Sanitary Conference* on the subject of cholera, which was formally opened at Constantinople on the 13th of February, 1866, closed its sittings in October last.

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**VITAL STATISTICS OF BOSTON.**  
FOR THE WEEK ENDING SATURDAY, JUNE 15th, 1867.  
DEATHS.

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	Males.	Females.	Total.
Deaths during the week	28	26	54
Ave. mortality of corresponding weeks for ten years, 1856—1866	35.2	34.5	69.7
Average corrected to increased population	00	00	77.62
Deaths of persons above 90	0	0	0

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COMMUNICATIONS RECEIVED.—Relation to General Medicine of the discoveries and advances of Ophthalmology during the last Decade. A translation by B. Joy Jeffries, M.D.—On Bryonia Alba. By John C. Peters, M.D.—Report of Annual Meeting of Rhode Island Medical Society.—Case of Cerebro-spinal Meningitis. By J. Baxter Upham, M.D.

BOOKS AND PAMPHLETS RECEIVED.—Fractures of the Lower Extremity. Treated by the use of the Suspensory Apparatus. By N. R. Smith, M.D., Professor of Surgery in the University of Maryland.—Circular No. 5. War Department, Surgeon-General's Office, May 4th, 1867. Report on Epidemic Cholera.

---

DEATHS IN BOSTON for the week ending Saturday noon, June 15th, 54. Males, 28—Females, 26. Congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 2—bronchitis, 5—consumption, 13—cystitis, 1—diarrhoea, 1—dropsy, 2—dropsy of the brain, 2—dysentery, 1—scarlet fever, 1—typhoid fever, 1—disease of the heart, 3—infantile disease, 1—insanity, 1—jaundice, 1—congestion of the lungs, 2—inflammation of the lungs, 1—marasmus, 3—old age, 1—paralysis, 1—smallpox, 2—syphilis, 1—unknown, 6.

Under 5 years of age, 19—between 5 and 20 years, 6—between 20 and 40 years, 16—between 40 and 60 years, 8—above 60 years, 5. Born in the United States, 30—Ireland, 17—other places, 7.

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Ap. 11

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Jed 1—11.



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EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2052.] Thursday, June 27, 1867. [Vol. LXXVI. No. 21.

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REV. ERASTUS O. HAVEN, D.D., LL.D.  
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Je20-4t

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Jan. 19, 1866. Jan 25—tf

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXXVI.

THURSDAY, JUNE 27, 1867.

No. 21.

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ON SOME OF THE USES OF BROMIDE OF POTASSIUM.

By C. L. HUBBELL, M.D., of Troy, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

AMONG the remedies which have within the past few years been brought to the notice of the medical profession, there is scarcely one which, in my hands, has so seldom disappointed me, and so uniformly been of service in those diseases to which it is applicable, as bromide of potassium. For a long time it was but little used in medicine, and chemists and photographers chiefly consumed the small amount produced. Its use in medicine was confined mainly to the treatment of scrofula and analogous diseases, for which iodine and its salt—iodide of potassium—were used, and with the exception of some of the later editions of the U. S. Dispensatory, no mention is made of its remedial powers, except in scrofula, bronchocele and enlarged spleen. About the year 1850, the Medical Department of the U. S. Army issued to each general and post hospital one ounce of “brominium, with printed directions for preparing and administering Bibron’s antidote to the poison of serpents.” In 1854, Thielmann, a Russian physician, recommended it as an excellent anaphrodisiac remedy in satyriasis, in the frequent and painful erections during gonorrhœa, in spermatorrhœa, and in nymphomania. In 1860, Sir C. Locock, in the *London Medical Times and Gazette*, recommended the bromide as a remedy having considerable influence in those epileptiform affections having their origin in ovarian irritation, and in 1862, Dr. Wilks, of Guy’s Hospital, in some clinical remarks, illustrated by cases, speaks highly though cautiously of the new remedy as one of decided value in the treatment of epilepsy occurring both in males and females, and states that he continues to use it in all new cases which come before him, believing it to be wise to adopt some such remedy in the first instance. In 1862, Dr. A. Garrod, in the *London Medical Times and Gazette*, after about nine years’ extensive trial of the medicine, speaking of the comparative results with the iodide of potassium in certain syphilitic eruptions, thus sums up the result of his observations:—

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I. When pure (free from iodide of potassium) it did not give rise to any of the symptoms to which the name of iodism has been applied.

II. It produces no irritation of the mucous membrane of the nose and fauces—no coryza.

III. Some patients experience a peculiar sensation of dryness of the throat and neighboring parts.

IV. When given in large medicinal doses, sleepiness or drowsiness, and dull headache were occasionally noticed.

V. When administered in very large amounts, some loss of power was noticed in the lower extremities, which passed off when the medicine was discontinued.

VI. The therapeutic action was decidedly what may be termed alterative—that is, it relieved certain forms of chronic disease, as syphilitic skin affections.

VII. No marked action was observed on the skin or kidneys. Then he says, soon after these observations had been made, and Sir Charles Locock had made known its value in hysterical epilepsy and the nervous affections connected with uterine disturbance, he was led to make further trials of the remedy, and found that—

VIII. Bromide of potassium exerts a most powerful influence on the generative organs, lowering their function in a remarkable degree.

IX. It is a remedy possessing most valuable powers in diseases dependent upon, and accompanied by, excitement or over-action of the generative organs; and hence it may be given with advantage in nymphomania, priapism, certain forms of menorrhagia, especially that occurring at the climacteric period; as likewise in nervous convulsive diseases dependent on uterine irritation; and, lastly, in some ovarian tumors.

X. It appears to produce an anæsthetic condition of the larynx and pharynx; and hence has been usefully employed in examinations of and operations upon those parts.

In the London *Lancet* of May, 1864, bromide of potassium is recommended by Dr. Henry Behrend as a remedy worth trying in cases of loss of sleep, attended or caused by much mental excitement, and as especially adapted to those cases where opiates fail, or make worse instead of better.

In an article published in the *Dublin Quarterly Journal*, in 1864, by Dr. McDonnell, of the Jervis Street Hospital, the attention of the profession is again called to this remedy, and its efficacy substantiated, by numerous cases of epilepsy in *males* and *females* successfully treated; and reference is made to Dr. Brown-Séquard, Dr. C. Bland Radcliffe and Sir C. Locock, all of whom had previously used it extensively, and with a great degree of success.

Having thus given a partial historical *résumé* of the uses of bromide of potassium up to the present time, I propose to give the

results of my own experience in its use, in epilepsy, in spermatorrhœa, and as a sedative in certain nervous diseases; and first of its effects in epilepsy, illustrated by a few cases.

CASE I.—Miss B., of this city, employed on a sewing machine in a collar factory, applied to me in the summer of 1863. She had one fit each month, usually a day or two before the appearance of the menses, which were neither profuse nor attended with great pain. She was otherwise perfectly well, but the fits were increasing in severity, and she had once fallen in the street. It was then nearly a year since the first attack. I gave her at once a solution of the bromide of the following strength:—Potass. Bromid.,  $\text{ʒ i.}$ ; aquæ,  $\text{f ʒ viij.}$  Dose, a teaspoonful after each meal. At the next menstrual period, when at work over her machine, she was seized with a sudden dizziness, but there was no convulsion and no loss of consciousness, and in a few moments she was able to resume her work. Encouraged by this effect of the medicine, I advised her to persevere in its use. She left the city shortly after, and I saw no more of her, but was told by an aunt of hers living here, that Miss B. continued to take the medicine for four months, that she had never had a fit since, and was about to be married—this was just a year after commencing the treatment.

CASE II.—Mrs. J., of Green Island, aged 48, of melancholy disposition, had never had any children; came under my care first in November, 1864, complaining of pain in the head, dizziness, "hot flushes," and various other symptoms, which sometimes attend upon that period known as the "turn of life." She was at times very despondent, and would shut herself up for days at a time, refusing to see any one. I prescribed such medicine as seemed appropriate to her condition, and which relieved her to some extent, when one evening I was sent for in haste to see her, and the messenger stated that she had had two fits in succession. Judging them to be probably hysterical, I carried over with me some fluid extract of valerian, but on arriving at the house, found that she had fallen suddenly, and without any warning—was greatly convulsed—in short, that I had to deal with epileptiform hysteria. Furthermore, I ascertained upon inquiry, that it was just the period in the month (six months having now elapsed since the last appearance of the menses) when she should have been unwell, had she been regular. I then commenced with the bromide, in the same doses as in Case I. She had twice afterwards, at intervals of about a fortnight, a light seizure in bed at night; then for two months there was no recurrence of the fits. She then discontinued the medicine, and began to have fits again, not so severe as at first, but sometimes two or three in a week. I then urged her to persevere with the medicine, and increased the strength, giving of the bromide— $\text{ʒ ij.}$  in water  $\text{f ʒ viij.}$ —a teaspoonful three times a day. This solution she took steadily for five months, and

never had a convulsion after the first dose; is now at this date in the best of health and spirits.

CASE III.—M. A. M., a stout, healthy-looking, intelligent Irish girl, 19 years of age, came to me from Williamstown, Mass., in June, 1866. Her mother, who came with her, stated that she began to menstruate at 14 years of age, and *always* at each period had one severe convulsion, usually falling when at her work, and was stupid and prostrated for the remainder of the day. In this case I used the solution of the same strength as in the last case, and in the same doses, and felt perfectly confident, from the pathology of the case, in assuring my patient that she would be cured. In her first letter, written after the next period, and when she had taken the medicine only three weeks, she says: "I had a light fit this time, and got over it very soon; I am much encouraged, and think I shall get well." In the second letter, she says: "I am certainly getting better. I had no fit, but felt dizzy for a few moments, and held on to the table. In a few moments I got over it. I shall go on taking the medicine. I have great faith I shall be cured, for surely I am better these two months." I heard no more from this patient until January, 1867, when she wrote that she "had no fits at all, thanks be to God." To this I would add respectfully, and with all reverence, thanks be to God, and Sir Charles Locock too, for it is to him that the unfortunate epileptics owe a debt of gratitude they can never discharge.

CASE IV.—E. S., of this city, clerk, aged 24, of good habits, but formerly used tobacco excessively; never contracted the habit of masturbation; since the age of 17 had severe epileptic fits, as often as once a fortnight, and at times twice a week; had frequently fallen in dangerous places, and had sometimes been severely injured. He bears upon his face the scars of wounds received in his falls, and was known to several of our physicians and to our police as a confirmed epileptic. In May, 1866, when engaged in hoisting goods, he was suddenly seized, and fell from the third story of the store to the pavement beneath, a distance of thirty feet, fracturing his right thigh and one or more ribs. For a day or two his recovery was doubtful, but he got well, and with a good leg too. During his convalescence, Dr. Charles Freiot, his attending physician, advised him to try bromide of potassium for the cure of his epilepsy. This was in June. He took it but a short time, but enough to see that it exerted a controlling power over the disease. Owing to his lack of means, being out of employment, and the expensiveness of the medicine, he discontinued it during the summer. In November last he commenced taking it again, buying a quarter of a pound at a time, and mixing it himself—one ounce of the salt to a half pint of water—a teaspoonful three times a day. From that time to this day he has not had the slightest epileptic seizure, and expresses himself as feeling well and in excellent spirits. He has not yet discontinued the remedy altogether.

I might relate other successful cases, but these are enough for the pages of your JOURNAL, and enough to convince the most skeptical that, in cases of epilepsy, not having their origin in organic disease of the brain or spinal marrow, its bony walls or its membranes, we have a remedy which should be faithfully tried, and which will, in a large proportion of cases, effect prompt and permanent cures. "*Post hoc ergo propter hoc*" is, I am aware, the argument which too often attaches to some new remedy; but this will, I think, stand the test, if administered in those cases to which it is applicable. It is not infallible by any means, nor is any remedy for any disease.

In a future number, I will relate some cases illustrating the power of bromide of potassium in spermatorrhœa, together with such conclusions as I have arrived at from its use during the past five years.

Troy, N. Y., May 27, 1867.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

MARCH 25th.—*Large Cancerous Tumor in the Stomach, with severe Symptoms.*—The case occurred in the Home for Aged Men, under the care of Dr. C. D. HOMANS; the autopsy was made and the specimen shown by Dr. J. HOMANS, Jr.

The patient was a man, 75 years of age, who for several years had suffered from symptoms of dyspepsia, though never very severely; for the last year of his life a tumor had been perceptible just above and about the navel, and extending, when he was erect, nearly to the ribs above; it was firm, not tender, and immovable; the integument could not be moved over the tumor, which projected so as easily to be seen by the eye. He gradually lost flesh and strength, never vomited, was generally constipated, had never passed blood or anything like it, and had a good appetite up to the last, being able to walk about to within a few hours of his death, for which there was no special cause.

*Autopsy.*—There is to be seen, just behind and to the left side of the umbilicus, a tumor of the size of the closed fist.

*Head* not examined.

*Thorax.*—Universal old adhesions over both lungs; the apices of both upper lobes were solidified, and contained many small cretaceous masses. There was great œdema of both lungs. Heart normal.

*Abdomen.*—A scirrhus tumor, nearly globular in form, surrounds and occupies the lower four inches of the pyloric extremity of the stomach. It has infiltrated and attached to itself the anterior abdominal walls, even the skin being slightly attacked, over a space about three inches in extent. The walls of the tumor vary from half an inch to an inch in thickness; its mucous surface is deeply ulcerated. The morbid growth ceases abruptly at the pylorus. The remainder of the stomach is perfectly healthy. Under the microscope, the

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growth is seen to consist of small cells, of a round or oval shape, packed closely together.

Dr. JACKSON thought it the most extraordinary case of cancer of the stomach he had ever seen, with regard to the latency of the disease, considering its extent, and especially its situation. If, as he has often before remarked, the disease is in the body of the organ, and the orifices are unaffected, the symptoms may be so slight as to be but little thought of. Here, it is true, the pylorus, to a small extent, was quite healthy, but the whole circumference of the pyloric portion was extensively and deeply disorganized, and there ought to have been the most marked symptoms of obstruction.

APRIL 8th.—*Chronic Pneumonia or Tubercular Disease.*—The following history of the case was read by Dr. JACKSON, as received from Dr. W. Mack, of Salem:—

"I was called to the patient early in February. For nearly a year he had not been so well as usual, had been growing gradually less strong and less inclined to exercise; appetite less good, but had had no pain, distress or disturbance of his functions sufficient to induce him to seek medical advice. He sent for me especially for severe paroxysms of pain in the forehead, occurring mostly in the night. His pulse was about 80, rather feeble; tongue slightly coated; appetite moderate, but digestion undisturbed; no cough; no pain in chest; slight dyspnoea on going up stairs; some chilliness, and indisposition to exert himself. The pain in his head seemed of a nervous character, and gradually subsided, and at the end of a fortnight had entirely left him. When this occurred, finding that he was not otherwise improved, I examined his chest, and, much to my surprise, found the left lung flat on percussion *throughout its whole* extent, with bronchial sounds everywhere, and a few mucous râles; the right lung being *entirely free* from all abnormal sounds whatever—appearing, in fact, perfectly healthy. At this time he had no more constitutional symptoms than I have mentioned, except a gradually increasing debility; no fever; no cough; no pain in chest; no expectoration; no sweating, and little emaciation. Dr. Edward H. Clarke saw him early in March, and will confirm my statement. It was not till about the 14th of March that I discovered any disposition to hectic. From that time his pulse was generally above 100, and his respiration began to increase in frequency; some disposition to perspire came on, though never excessive; strength rapidly declined; mucous râles began to show themselves in various parts of the right lung and increased in the left, but still without any pain, or hardly any cough or expectoration. He died March 31st.

"The right lung had several masses of infiltrated tubercle, from the size of a hen's egg to a pea, scattered through it; most in the lower two thirds; apex nearly free from disease."

The left lung, which was exhibited to the Society, was solid almost throughout from an opaque, whitish, tubercular-looking infiltration. At the apex, where there were some remains of healthy tissue, there was a cavity about the size of a marble, and that was the only one.

Dr. J. remarked that, notwithstanding the short continuance of the symptoms, the disease must have been of considerable duration; and it may be questioned whether it did not date from the time when the health began to fail. It would by many be called a case of chro-

nic pneumonia; and Dr. J. thought it especially interesting as showing the pathological connection that he believes to exist, anatomically, between this and tubercular disease.

APRIL 8th.—*Growth from the Heart of a Right Whale*.—Dr. JACKSON showed the specimen, which he had received from Dr. Alfred C. Garratt for the Museum of the Medical College. It was of a flattened, pyriform shape, six inches in length, four inches and five eighths at the widest part, and one inch and five eighths in thickness. Dr. G. received it from an old, intelligent whaler, who reported to him that the animal was an old one, though in good condition, taken last year near the Azores, and had been previously harpooned. The growth here shown was attached by its small extremity to the adherent edge of one of the “clappers” (valves), and in another of the cavities of the heart was a perfectly similar formation, which was broken. The organ itself was healthy. The following is the result of Dr. J. O. White’s examination:—

“The outer portion of the specimen is a very dense, organized, fibrous material, about one eighth of an inch in thickness at the point examined. Within this shell is a very loose, spongy substance, of a yellowish-brown color, somewhat fatty, and containing a large quantity of inorganic matter, carbonate and phosphate of lime; the whole resembling somewhat the concretions found within the human circulatory system.”

Dr. J. supposed the formation to be the result of a coagulation of the blood. Phlebolites are common, but he had never seen cretaceous transformation in a heart clot. The nature of phlebolites, however, he remarked, had of late been questioned.

### Bibliographical Notices.

*Orthopædics: a Systematic Treatise upon the Prevention and Correction of Deformities.* By DAVID PRINCE, M.D.

Dr. PRINCE has given us, under the above title, a treatise on the cause and treatment of deformities. It is intended, as the author informs us in his preface, for the use of the general practitioner, who, living in places remote from large cities, must depend, in the treatment of many of his patients, upon such resources as can easily be laid hold of at home. His suggestions, in some instances, are well adapted to the indications. We would instance the extemporaneous splint for extension in morbus coxarius, which is illustrated on page 93. This consists of a shaft of hard wood placed upon the outside of the leg, with a collar of steel at right angles to the shaft, shaped much like a horseshoe, adapted to the thigh, to press like a crutch upon the ischium. Upon the other end there is an iron foot-rod, which is intended to pass into the heel of the shoe. The shaft is made so long that the weight of the body cannot come upon the foot. We cannot speak of this arrangement from experience, but should suppose it might answer as a cheap substitute where a more costly and efficient apparatus cannot be obtained.

The work is divided into two Parts. The First Section of Part I.

treats of Arrest, Redundancy and Misplacement of Development. As an example of arrest, hare-lip very properly receives especial attention. Redundancy, as exemplified in supernumerary or webbed fingers and toes, is barely glanced at. In a systematic treatise like the present, we should have been glad to have seen the treatment of united fingers more fully enlarged upon. The prevention of re-union, after the operation, is a subject well worthy serious attention. The various expedients which have been resorted to, both in Europe and America, have, for the most part, signally failed in accomplishing their object. Liston's plan of perforating the skin, near the root of the fingers, has, we suspect, rarely proved entirely successful. A plastic operation has been suggested, the flap being taken from the dorsum of the hand. The severity of this operation for a young child, and the disfiguring scar, in a part so conspicuous as the back of the hand, will prevent the general adoption of this method. In our experience a silver hook, of the size of a small quill, employed after the division of the uniting medium, the bend of the hook grasping the space at the root of the fingers, its branches extending upon the back and palm of the hand, and kept firmly in position by an elastic cord passing through eyes at each extremity and attached to a bracelet round the wrist, has proved satisfactory. If we are so fortunate as to be able, partially at least, to approximate the edges of the wound by sutures, we stand a very excellent chance for a successful result.

Section II. relates to the perversion of relations of parts through muscular contraction. Dr. Prince justly says, "The interest and importance of this subject justify its consideration to a greater extent. Its correct understanding is necessary to the adoption of such therapeutics as will *prevent* deformity or loss of functions, which is far better than the greatest success in restoring them. . . . Great light is thrown upon this subject by the hypothesis, pretty well sustained, that there may be a constant muscular pull in addition to the ordinary muscular tonicity, and independent of, and sometimes in spite of, and in antagonism to voluntary contraction and ordinary reflex action. This constant abnormal contraction results in shortening, rigidity and ultimate wasting of the muscles affected, reducing them to the condition and function of ligaments."

There is no question, in our opinion, of the correctness of this hypothesis, although, upon the same page, we find a citation from a late English writer, Barwell, questioning its correctness. It is at present the fashion, with some authors, to attribute all contractures and distortions to paralysis of the antagonizing muscles. Undoubtedly there are a large number of deformities arising from this cause, and, perhaps, the distinction between these and others is not always easily recognized by one unaccustomed to the manner in which an examination must be conducted in order to arrive at certainty upon that point. The differential diagnosis becomes still more difficult if the cases are viewed through the medium of a preconceived theory. In a majority of congenital cases it can, however, be demonstrated that there is no trace of paralysis. Convulsions, whether in infants or adults, often leave muscles, and most frequently the flexors, in a state of permanent contraction, although there is and has been no paralysis. Such a condition has occurred under our own immediate observation, although pronounced, by the above authority, pathologically impossible.

In several other instances the patient's history and present condition have, unmistakably, proved the possibility of such an occurrence after birth. From analogy we must conclude that a similar state of things may exist in the foetal state. Not only from analogy, must an unprejudiced observer draw such an inference. A critical examination of a large number of cases of congenital talipes has convinced us of its correctness, although the almost immovable condition, produced by the contracted tissues, may, by some, be relied upon in support of an opposite theory. It would be impossible that paralyzed muscles should, so constantly, *chance* to gain that power both in the infant and the child under the disadvantages of forced inaction from position, previously to coming under our observation and treatment, which we so often find them to possess upon our first examination. It would be equally impossible that they should so thoroughly acquire their tone and action after the cure of the deformity as to be able to retain the foot in its new position without artificial aid. Notwithstanding Barwell's assertion to the contrary, supported in part by our author, we are convinced that talipes varus rarely, very rarely, arises from paralysis. It is in consequence of this pathological fact that this malformation is capable, in a majority of cases, of complete restoration, and gives, to such cases, that perfection of form and action which renders the cured foot indistinguishable from one which was always normal.

Spasm, in the noncongenital cases referred to, and probably, also, in congenital, produces, in the first place, violent shortening of the muscles, which are never entirely relaxed, but held partially contracted; and, finally, the structural or interstitial change takes place rendering it impossible for the muscles to become elongated either by the action of the antagonistic muscles or by mechanical appliances. In these cases division of the contracted tissues is, unquestionably, the all important first step. There are, also, a certain class of cases in which the contraction of one muscle or set of muscles originates in paralysis of another set—where the contraction is strongly marked and where mechanical extension has been tried thoroughly without effect. We may, perhaps, succeed in stretching the muscles to a certain extent, but, the opposing muscles being paralyzed, there is no balancing force, and contraction speedily recurs. In these cases we have found the curious and satisfactory result of division, and the subsequent treatment, to be a gradual yet complete return of power in the deficient muscles.

A case recently under our care was a striking instance in point. A boy  $3\frac{1}{2}$  years old came under treatment for varus acquisitus. When 2 years old he began to walk lame and on the outside of the right foot. On examination the flexors of the foot and extensors of the toes were found paralyzed. The foot was inverted and rotated—varus of the second degree. The tendo-achillis and plantar fascia were strongly contracted. Having, under similar circumstances, made the attempt to stretch the contracted muscles by mechanical means alone and failed, we advised division at once. After four weeks treatment there was slight return of power in the extensors of the toes;—in four weeks more there was complete power in flexion, abduction and adduction of foot and extensors of toes; the foot being, in all respects, perfect. In another case, now under treatment, the same effect is taking place but less rapidly.

Dr. Prince makes, in this connection, numerous quotations from Todd, Brown-Séquard and others, which have a bearing upon the point in question.

In treating of the effects of inflammation and perversions of nutrition, in injuring or destroying the tissues, Dr. Prince refers to the contraction of muscles from irritation communicated by sympathy with a neighboring diseased joint, as we so frequently see exemplified in muscles contiguous to the hip; and the action of the pressure, thus produced, in increasing and extending the disease. The benefit to be derived from extension is enlarged upon, and the splints invented by Dr. H. G. Davis, and improved by Dr. Sayre, for continued extension, are described.

In certain stages of the disease, and under certain circumstances, this splint has undoubted advantages over all others; but in our experience, its application is beneficial only within narrow limits, and its effects must be closely watched, otherwise both the disease and the consequent distortion may go on unchecked. It has the disadvantage of requiring always to be applied by the surgeon in order to derive from it the greatest amount of good, as rarely can either mother or nurse be trusted to adjust the plasters and screws. The pathological principles upon which it is arranged are, undoubtedly, correct, and should guide us in the treatment of the disease.

The author's remarks upon the recent disuse of the more active forms of counter-irritation in the treatment of joint diseases are certainly worth consideration. In the earlier stages of some forms of hip disease, for example, we have, too frequently, seen the severe pain, the extreme tenderness of the joint where the slightest jar is agony, the nocturnal startings and spasms, and the pain in the knee removed, after having existed for months, by flying blisters, or by an issue preceded, if the state and history of patient render it advisable, by slight local bloodletting, to have a doubt left in our minds in regard to the importance of these remedies. The relief is often immediate; neither extension, nor rest, nor internal remedies in such cases will have the slightest effect without the aid of local applications in some one or more of the forms which experience has taught us are most beneficial.

Part II. treats of "Particular Diseases and Deformities not yet noticed or only incidentally referred to." Among these, Hip Disease, Lateral and Vertical or Angular Curvature, the various forms of talipes and distorted limbs, receive attention. In the remarks upon Hip Disease, extension appears alone, or chiefly, the object to be aimed at. Experience, however, teaches that this is but one of the indications, and that the most easily answered in the treatment of a disease which is at the same time one of the most tedious, and, especially in its sequelæ, one of the most difficult to manage successfully. We have no description of, or reference to, any instrument by which distortion and contraction, the almost constant sequel of morbus coxarius that has been neglected in its early stages, can be remedied. In common with most authors on orthopædic surgery, Dr. Prince fails to supply this desideratum.

In the treatment of deformity arising from hip disease, in the majority of cases we have a fourfold variety of distortion to contend with—shortening of the limb, flexion, adduction and rotation. For

the first we can employ longitudinal extension by weight and pulley, or by some one of the forms of apparatus which have been invented for this purpose.

Of the different kinds of apparatus we have had constructed, to produce posterior extension and abduction, that which we have found most generally applicable, and which we have been in the habit of using for the last ten or twelve years, is a firm body apparatus, with a strong thigh stem extending upon the outside of the femur, with a rectangular branch to embrace the thigh. This stem is moved in the directions of extension and abduction by two ratchet wheels at the hip-joint; one so arranged as to draw the thigh backward, the other to draw it outward. Sometimes it has been necessary to have a similar wheel attached opposite the knee-joint; the application of the instrument to be preceded, if required, by the division of the contracted tissues, or the operation may succeed a sufficient trial by extension. In a work by H. H. Bigg, recently published in London, is figured and described a somewhat similar apparatus.

Sometimes we employ other means, as, for example, a body apparatus, similar to the above, with spring attachments to act upon the femur in the required directions. If simple rotation is required, as is frequently the case in the earlier stages of the disease, it may, generally, be easily accomplished if the patient is confined to the horizontal position, using the foot as a lever, by means of plaster straps, &c., and fastening them to a cradle or frame placed over the foot, or to the edge of the bed.

We cordially agree with our author in much that he says upon lateral curvature of the spine. The variety of causes which give rise to this complaint are dwelt upon. The hobby mania, which is so apt to be the weakness of specialists, has been particularly exemplified in this class of complaints. In the etiology, for example, we have the spasmodic action of Guérin, the rachitic, the muscular and the ligamentous debility of other authors—later, the horizontal twist of Adams as the universal attendant, and position as the almost universal origin of lateral deviations of the spine; these, and a variety of other causes, have each had their advocates as alone sufficient to account for the occurrence of the primary curve. Undoubtedly, in many instances, it may be traced to some one of the causes enumerated, and there are cases in which, perhaps, all these, and still other causes, have combined to produce the evil.

In the treatment of lateral curvature, the principles which should guide us are those usually applicable in all branches of our profession: avoid routine practice; apply those remedies, in each individual case, which are applicable to that case. In one, it may be the partial adoption of the horizontal position alone which is required; another may require simple local or special gymnastics, or the two methods combined; in a third, an accurately adjusted support must be added; for a fourth, we should make use of the lever principle, as in Hossard's lever belt; in a fifth, it may be evident that only screw pressure of considerable power, associated with a spinal couch, Guérin's sigmoid extension (often a very valuable adjuvant), or one constructed on similar principles, can afford us any hope of success; and, in a sixth, a combination of several of these, and yet other means, may be found necessa-

ry ; and, in all, our course must be varied in different stages of the treatment.

We would say, in passing, that elasticity as an extending power—by means chiefly of India rubber—appears to be considered by our author as almost universally applicable. This, we think, enlarged experience will prove to be an error. In very many cases the constant action of India rubber, if of sufficient power to produce decided effect, becomes absolutely unbearable, sometimes producing excoriation and sloughing. It is a pressure from which there is no escape, and the nervous suffering caused by the intense desire to obtain relief often greatly exceeds the simple local pain produced by regulated, inelastic pressure. In the same cases it will be found that the steady, firm action of some screw, or other permanent apparatus, will be easily borne ; the very simple explanation of this effect being that the pressure can be adapted to the yielding capacity of the part to be acted upon. It yields to the required extent, then there comes an interval of rest, during which it becomes adapted to the state of things and is prepared, after a proper interval, for still farther extension. The incessant, unvarying strain of elastic extension is, in many instances, more than can be borne.

In some incipient or slight lateral curvatures, and in some of the less formidable foot and joint contractions and distortions, the method, by elastic pressure or extension, advocated by Davis, Barwell and Prince, may be employed with benefit. For years before Davis wrote upon this subject or Barwell promulgated "my new method," we have been in the habit, in certain cases, of using rubber webbing, as one of the extending forces, where such an appliance seemed appropriate.

In treating the different forms of talipes our author again depends upon India rubber bands, the chief difference from the method advocated by Barwell consisting in the use of a shield of gutta-percha around the foot as the inferior point of attachment, while the superior is above or below the knee, or even carried as high as the pelvis, and, also, in discarding the refinement of the above author who considers it necessary to follow the course of the paralyzed muscles, and their tendons, with rubber straps ; to advocate which theory, it would appear, his work upon talipes was chiefly written.

In those cases where the treatment by elastic extension is advisable, Dr. Prince's gutta-percha shield is certainly a great improvement upon adhesive plaster as a medium of attachment for the rubber. The plan of treatment, however, in which the use of side irons or a brace attached to the shoe, after the treatment is completed, is found useful or necessary, must, certainly, be considered imperfect. A cure cannot be looked upon as perfected in which such an unseemly appendage is required to prevent a return of the deformity. Where extension by rubber, with or without operation, is alone depended upon, we think such an attachment will usually be required ; and our opinion, on this point, is confirmed by Dr. Prince's remarks upon this subject.

The apparatus from Biggs, recommended for Genu valgum, is, certainly, as clumsy, and, we should suppose, as inefficient an instrument as can well be imagined ; and likewise a simpler and more philosophical instrument should be employed than that recommended for bow legs.

In the last few pages of the work there are some instructive re-

marks upon the different methods of treatment of deformities from non-union after fractures.

In conclusion we would add that the style of the book is sometimes obscure, too ambitious, perhaps, of a scientific phraseology, while, at the same time, it contains some suggestions which may be useful in the branch of surgery of which it treats. The idea, however, with which the author starts, of simplifying orthopædic apparatus and rendering it less expensive, we think, on the whole, has not been successfully or thoroughly carried out. Perhaps, from the nature of the case, success in this particular is impossible. Orthopædic apparatus, to be efficient, must be well and thoroughly made, cautiously adapted to each individual case, while power and compactness must be carefully studied.

The typographical execution of the work is excellent. B. B.

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*The Intercranial Circulation: an Essay to which was awarded the First Prize of the Boylston Medical Society in 1867.* By THOMAS DWIGHT, Jr., House-Surgeon of the Massachusetts General Hospital. Printed for the Author. 8vo., pamphlet. Pp. 28. Illustrated.

*Human Cestoids: an Essay to which was awarded the Second Prize of the Boylston Medical Society for 1867.* By F. R. STURGIS, House-Surgeon of the Massachusetts General Hospital. Printed for the Author. 8vo., pamphlet. Pp. 81. With illustrations.

THE Society, to the members of which the competition for the Boylston Prizes is open, is, as many of our readers are aware, an association of undergraduates in medicine connected with the Medical School of Harvard University. It has an excellent influence upon medical students in Boston, both by its meetings and the stimulus of its annual prizes, of which the two essays which are the subject of the present notice are the fruit of the past year.

Of course in productions of this kind one does not look for any startling novelty, or any very important contribution to practical medicine. The limited experience of the authors must preclude this. The most that can be expected is a thorough and comprehensive study of the chosen subject, evidence of a just appreciation of all its bearings, a thoughtful consideration of the arguments on disputed points, and positive expressions of opinion in evidence of the mental activity of the writer, the whole presented in as good a literary form as possible. Measured by such a standard the essays before us are extremely creditable to the authors.

In the essay on Intercranial Circulation Mr. Dwight, after a general description of the vascular system of the brain, and the special forces which act in carrying on the circulation within the cranium, with a discussion of the agency of each—proceeds to consider the question, how it is that within such a closed cavity the volume of blood is increased or diminished under any circumstances; a question which one unused to physiological inquiries might well hesitate in answering. The conclusion which he adopts, after examining the different opinions which have been held on this question, is, that it is the cerebro-spinal fluid which maintains the equilibrium within the cranium, receding as the quantity of blood increases, and vice versa. The numerous authorities quoted show that the whole subject has been carefully and

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understandingly studied. The essay is well written, and worthy the attention of any one desirous of refreshing his memory on this interesting physiological subject.

The essay on Human Cestoids is a careful *resumé* of some eighty pages of what is known at the present time of all the species of tape worm found in the human body, including anatomical descriptions, and a history of the development of each. The descriptions are precise and intelligible and are well illustrated by three admirable plates of lithographic drawings by another medical student, Mr. H. P. Quincy. The essay shows a diligent study of the various works on this important subject, as those of Küchenmeister, Von Siebold, Moquin-Tandon, Cobbold, Davaigne, Weinland, etc., as well as contributions to different medical journals. In addition to the best known species we find here descriptions by Dr. Weinland of two new American *Tæniæ*, one a variety of the *Tænia solium*, obtained at the Saut Ste. Marie from a Chippewa Indian by Prof. Agassiz, the other a new species, *Hymenolepis flavopunctata*, found in the collection of the Boston Society for Medical Improvement—and a new *Cysticercus*, *C. acanthotriasis*, also from the collection of the Society for Medical Improvement, to which it was presented by Prof. Jeffries Wyman, who obtained it from a woman who died of phthisis in Richmond, Va. The whole concludes with a summary of the different methods of getting rid of these tenacious parasites, that leave their intestinal abode with such extreme reluctance. We can recommend the essay as presenting in a moderate compass a fuller account of the *Tæniæ* than is accessible in any publication that we are acquainted with. Both of these brochures are published in the highest style of the printer's art, with large type on tinted paper.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, JUNE 27, 1867.

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### CHOLERA VERSUS FILTH.

THE writer having never engaged in any of the discussions on the vexed question of the contagiousness or communicability of cholera, offers a few remarks on one point in the causation of that disease, quite aside from that *questio vexata*. The Junior Editor desires to preserve an entire *incognito* upon the subject of the communicability of the malady, the affirmative of which has been sustained by his predecessor, and by the Senior Editor.

We know how difficult it is to generalize in relation to this mysterious and apparently capricious pestilence, and that all the facts in relation to any of its occasional visitations of Europe or America have never yet been obtained, though we are not unmindful, in making this last statement, of the vast labors of the Commission of Constantinople. Nevertheless, we think we may safely assume that *wherever cholera has largely prevailed there has been, and in large measure, uncleanness of habitation or surroundings*. We propose to illustrate this by mentioning some of the places we have heard most of, as having been visited by

the scourge of the present decade. We do this, because we think that in entertaining other considerations, we should not allow ourselves to lose sight of the fact stated in the passage we have above italicised. The converse of that proposition, be it understood, we are fully aware cannot be sustained, viz., that wherever there is uncleanness within the reach of a cholera epidemic there the disease must be. For instance, the cholera invades Rome, but leaves one of its filthiest quarters—the *Ghetto*—untouched, though at its next visit it rages in the Jews' quarter as elsewhere. We can only infer that filth is *one* among the conditions requisite for an extensive prevalence of the disease.

The cholera invades Marseilles about the time of the arrival of vessels bringing the Mussulman pilgrims returning from the East. The filthy habits of the pilgrim caravans are proverbial, the effect of which is not diminished by the practice of carrying the corpses of those who die by the wayside to the goal of pilgrimage. Those Mussulman bands had been decimated by the cholera. If filth be a necessary condition of the prevalence of the malady, the inhabitants of Marseilles were supplied with that condition, whether the seeds of the disease were sown by the pilgrims, or were wafted by a more subtle epidemic influence. To be convinced of this, we have only to turn to the following graphic lines of the great English novelist. “Marseilles, a fact to be strongly smelt and tasted, lay broiling in the sun.” “There was no wind to make a ripple on the foul water within the harbor, or on the beautiful sea without. The line of demarcation between the two colors, black and blue, showed the point which the pure sea would not pass; but lay as quiet as the abominable pool with which it never mixed.”

Other cities of France are ravaged by the pestilence, and in them the condition of uncleanness is not wanting. Narrow, dirty streets, lodging houses six and seven stories high, their apartments peopled from *entresol* to garret, and pervaded with noisome odors that tell of offal and other vile things. These pay their heavy tribute to the epidemic. Cross to England, and the fancy recurs to the accounts given by Mayhew of the costermongers of London swarming in cellars and miserable lodgings, and to the descriptions of Dickens and others of the haunts of destitute thousands in cities and towns, with open cesspools and half-covered drains polluting the air. We have been told, too, that during the late epidemic, certain districts of London which were especially infected by it were supplied with water from wells into which the foulest matter had oozed. These abominations solicit the pestilence, as the stagnant air invites the whirlwind or the thunderstorm.

We next hear of the emigrant ship bearing westward across the ocean. It is lightened of its living freight by many a victim to the destroyer, and we know that its steerage is crowded and reeking with a compound stench from sources too disgusting to enumerate. One party says the disease makes its seizure here because the ship has entered a zone pervaded by the noxious agent. The other party denies this, and declares that the sufferers (who came from an infected port) brought the disease with them in a state of incubation, and fortifies its position with the statement that emigrants from Ireland, where cholera had not appeared, did not suffer on entering the supposed zone. If we grant the period of incubation, however, we are left still in the dark as to whether, at the point of departure, the disease was contracted by communication with others sick with it,

or from an epidemic influence obtaining there. We do know that where it was developed there was filth.

During the past year, the cholera sent many thousands in this country to their long home. The points which suffered most are the western cities. As regards its special prevalence in them, the limestone theory was at one time much in vogue, and still has its supporters. It was said that the region most affected is one of limestone formation, and a relation of cause and effect between the two facts was set up. We shall not quarrel with this theory as claiming to present an influence favoring the presence of the disease. For we know that the water of that region, impregnated as it is with lime, has a laxative effect on the bowels, and generally produces diarrhœa, sometimes severe, in those who are unacclimated. But, in all those western cities where the epidemic raged with so much virulence (to such a degree sometimes that it was difficult to get conveyances enough of any kind to carry the dead to the cemeteries), there was another common element, and that was the uncleanly condition above named. In the beautiful city of Cincinnati, the drains are the street gutters; and the sentinels which denote the presence of an enemy to health—foul odors—are not wanting. In addition to this, the water of the Ohio, with which the city is supplied, is drawn from a source below where the city empties a portion of its vilest drainage, or rather washings; and last year the sensible and other properties of that beverage were enhanced thereby. In Chicago, equal impurities on the surface, and the water such as to necessitate that triumph of practical engineering—the famous Lake tunnel. In Nashville the mortality was frightful. In a few of the principal streets there are underground drains; but in the outskirts of the town, where the epidemic rested most heavily, there is only surface drainage, and the garbage and offal are left upon the ground to rot. In St. Louis, Memphis, Cairo—like filth and proportionate mortality from cholera.

We now come to the reverse side of the picture. New York had an efficient system of quarantine; and yet a sufficient number of cholera cases found their way into that city to have formed a nucleus of contagion—if contagion there be—and to have caused a mortality parallel perhaps to that at the West, had other necessary conditions been present. But, a board of health was appointed, and extraordinary powers were conferred upon them besides those residing in their own energies. A task was before them which reminds us of that imposed on Hercules when he had to cleanse the Augean stables. They could hardly imitate that muscular heathen by turning the Hudson river through the tract to be purified. Nevertheless Dr. Dalton and his associates applied the besom of destruction to the filthy abuses of the metropolis, with a thoroughness and a disregard of the prescriptive rights of corruption worthy of radical reformers. The consequence was, New York was so clean that it hardly knew itself. And it is well known that though there was, we repeat, cholera enough to have spread over and decimated the city, if contagion were the *only* requisite exciting cause, yet there was not sufficient to create alarm. In fact, the number of cases was small in proportion to the inhabitants. And what there was of the disease avoided the more cleanly portions of the great seaport.

Boston, compared to the other cities above mentioned, is always clean, has rarely suffered much from cholera, and nearly all of the cases we have had have been in districts the Board of Health has failed to regenerate. Last year, the

number of cases of the prevailing epidemic, as collected by the Committee of the Suffolk District Medical Society, was only 37 for Boston and its suburbs; and they, with exceptions too sadly memorable for us, were in the dirtiest localities.

Before closing, we would allude to another point in this connection. High altitudes have been supposed to be protective against invasions of the disease in question. That they are not always so, unless aided by cleanliness, is exemplified in the case of the city of Mexico, which though of mountain altitude, is shockingly filthy, and has in times past suffered fearfully from the malady.

The "improvement" we would append to the above homily is this: Quarantine the ports, at least while the present question of the contagiousness of cholera remains unsettled; but do not neglect to police the streets and cellars, and to flush the drains.

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*Oil of Petroleum*, says the *Union Médicale*, is a powerful agent for the destruction of insects. The crude oil is the best for the purpose. A few grammes of petroleum diluted with water, and sprinkled by means of a watering pot over strawberry plants, destroys the *maus* or "white worm of the beetle" which infests those plants. The crude oil mingled with a large proportion of water is a sure poison for crickets. The mixture is to be poured through a tunnel into the holes frequented by them.

The *acarus scabiei* is very promptly and radically destroyed by inunctions with the oil.

Frictions with petroleum water (60 gr. par litre) immediately cleanse the domestic animals of the parasitic insects which annoy them. The animals should be washed with soap suds a few minutes after the friction.

It is also stated that a house infested with rats and mice was freed from these guests a little while after the introduction of a large quantity of the oil into the cellar.

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A CORRESPONDENT of the *Union Médicale*, writing about medical matters at the great "Exposition," says the best arranged vehicles for the transportation of the wounded in battle are those of the United States and of France. "The transportation of those who have been operated on, from ambulance to hospital, on the part of each nation, is formally installed [as we should say, 'has become an institution'] only in the United States. It must be confessed, these bellicose Americans have had opportunity and time to experiment with their *matériel*. Ah, incredible people! so intelligent and so warlike."

The writer then gives an elaborate description of our "hospital car," and adds "all nations should take pattern from the United States in the arrangement of drugs, medicine flasks and boxes, for transportation. Everything fragile is protected. No shocks, overturnings, or other accidents can break the bottles or force out their stoppers."

The letter is closed with an admiring notice of our military hospitals.

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*Cholera and the Black Death*.—We translate another quotation from the *Union Médicale* :—

"The cholera question is everywhere discussed. If by God's favor it does

not prevail as an epidemic, there are yet mentioned a few sporadic cases here and there. London and Dublin quake with fright at some isolated manifestations of it. \* \* \* \* One of the best memoirs on the subject which the last epidemic gave rise to among us has been translated in America—that of Dr. Mesnet, which we find in the *Journal de Médecine de Boston*.” \* \* \* “These rumors of the cholera in Ireland have again awakened attention to a blackish, ecchymotic discoloration of a part of the skin, which manifests itself in certain cases before death.” \* \* \* An autopsy of a marked case “revealed no characteristic lesion, in the meninges, the intestines or elsewhere. Thus the author [Dr. Benson] is disposed to set up a separate species of disease under the name of *Black Death*; and goes to the extent of connecting it with the black plague of the middle ages.”

Dr. Belcher, however, considers the disease “*cerebro-spinal arachnitis*.” It will be recollected that what we call *cerebro-spinal meningitis*, or *spotted fever*, was denominated “*cerebro-spinal arachnitis*” when it appeared in Ireland in 1846. We await with interest the results of further investigations on this subject.

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MESSRS. EDITORS,—It was with surprise that I saw my name among others appended to a series of resolutions in relation to the lectures of Prof. H. R. Storer. I desire to state that I never saw the resolutions until I saw them in print, and that my name was used without my knowledge or authority.

Roxbury, June 24, 1867.

Respectfully,

GEO. J. ARNOLD.

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*The Annual Meeting of the Rhode Island Medical Society.*—The fifty-sixth annual meeting of this Society was held in the rooms of the Providence Franklin Society, on Wednesday, June 5, 1867. The President, Dr. Otis Bullock, of Warren, occupied the chair. The report of the Trustees of the Fiske Fund was presented. They announced the subject of the prize essay for the next year to be—“The Lessons of the late War; in what has the Science of Medicine thereby been advanced?” For the best essay upon this subject they offer a prize of \$500. All essays to be forwarded to S. Augustus Arnold, M.D., Providence, on or before May 13, 1868; each essay to be accompanied with a sealed envelope containing the name and address of the author.

The report of the Committee on Abortions, presented by E. M. Snow, M.D., was read, accepted and referred to the Publication Committee. The report stated that a memorial had been presented to the General Assembly at the January session, and the Assembly had passed a stringent act upon this subject, which was in all respects satisfactory, and which had already had the effect to prevent the open advertisements of abortionists in the State.

The Society then proceeded to elect officers for the ensuing year as follows:—*President*, Otis Bullock, of Warren. *Vice Presidents*, J. W. C. Ely and Geo. L. Collins, of Providence. *Recording Secretary*, Geo. E. Mason, of Providence. *Corresponding Secretary*, Charles W. Parsons, of Providence. *Treasurer*, Fenner H. Peckham, of Providence. *Librarian and Cabinet Keeper, Southern District*, T. C. Dunn, of Newport. *Librarian and Cabinet Keeper, Northern District*, William H. Travers, of Providence. *Censors*, Drs. T. C. Dunn, J. W. C. Ely, James H. Eldridge, Joseph Mauran, Johnson Gardner, Lloyd Morton, C. W. Fabyan, Ariel Ballou. In accordance with the recommendation of the Censors, the following-named gentlemen were elected Fellows of the Society:—Drs. William T. Bullock, E. M. Harris, John W. Sawyer, Walter E. Anthony, Oliver C. Wiggins, L. F. C. Garvin, H. G. Miller, John Mattison, E. P. Clark and N. A. Fisher. Dr. W. Owen Brown then offered the following amendment to the By-laws, which was passed: “It is moved that Section 1st, Chapter 1st, of the By-laws of the Rhode Island Medical Society be amended, so as to read, ‘there shall be an annual meeting of the Rhode Island Medical Society, to be held in the city of Providence on the second Wednesday in June,’ in place of on the first Wednesday, as it now reads.” By invitation of the President, Warren

was selected as the place for the next semi-annual meeting. Upon motion of S. Augustus Arnold, M.D., it was—

*Resolved*, That the Rhode Island Medical Society notice with great pleasure at their annual meeting the presence of Dr. Gibson, of Philadelphia, and Dr. Corliss, of New York.

*Resolved*, That the Society extend to these gentlemen the greeting due to such distinguished laborers in medical science.

Dr. Gibson thanked the Society, but asked to be excused from speaking, as he had for some time been troubled with neuralgia, and spoke with great difficulty. Dr. Corliss spoke at some length in reply, heartily and humorously. On motion of Dr. Ely, Geo. L. Collins, M.D., was appointed a delegate from this Society to the International Medical Convention at Paris. The hour for the annual address having arrived, W. Owen Brown, M.D., read a very interesting paper upon the "Progress of Medicine," after which the Society adjourned, to enjoy the annual dinner.

GEO. E. MASON, M.D., *Rec. Sec.*

*The New Hampshire Medical Society* met at Manchester—Dr. Tenney, of Pittsfield, presiding. Dr. A. H. Robinson, of Concord, was elected *President*, M. W. Oliver, of Portsmouth, *Vice President*, G. A. Crosby, of Manchester, *Secretary*, and T. Wheat, of Manchester, *Treasurer*. Interesting speeches were made, and the annual address was delivered by Dr. Tenney. The meeting was unusually full, and closed with a collation at the City Hotel. The next meeting will be held at Manchester on the first Tuesday of June next.

*Medical Festival Dinner in Albany.*—The Albany County Medical Society, on Thursday evening, 20th inst., gave a complimentary dinner at the Delavan House, to Drs. Jas. Wade, Barent P. Staats and James McNaughton, on the occasion of their having completed fifty years of active life in the profession. Dr. Wade, who lives at Watervliet, was not able to be present, but the other two gentlemen participated in the festivities. A large number of invited guests were present, and the speeches on the occasion, which are fully reported in the *Albany Evening Journal*, were of the most animated character and replete with interest to the profession in every part of the country.

*Ovariectomy and Ovariologists.*—It is a constant theme of complaint amongst what are now called ovariologists, that the operation for the extirpation of the ovary has been unjustly decried and systematically opposed. They attribute this opposition to mistaken views on the part of some, and to interested motives on the part of others. But those who have carefully considered the subject will arrive at a very different conclusion, whilst they would admit that the causes above stated might have had some slight influence in obstructing the progress of the operation. The main cause, however, why ovariectomy has so long been unrecognized amongst the legitimate operations in surgery is due to the conduct of the operators themselves. For a long period no reliable statistics respecting it were to be obtained; indeed so much mystery surrounded the subject, that the real evils were magnified. Then came another phase in the history of this proceeding. Statistics of operations were published with unwonted zeal and precipitancy. Scarcely was a patient removed from the operating-table than the case was printed as successful. Errors in diagnosis and incomplete operations were related with less candor and fairness than the importance of the subject demanded. Then came a controversy, fierce, personal, and somewhat unscrupulous, upon the part of the combatants. At length, after so much which is hardly creditable to the history of surgery, we seem to be arriving at definite conclusions on the matter. In the first place, there can be no doubt the diagnosis of ovarian disease has marvellously improved. The operation itself is performed with greater safety, especially with reference to the prevention of secondary hemorrhage. These have concurred to place ovariectomy on a very different footing

from what it formerly occupied. That the publicity given to the proceedings of ovariologists has mainly contributed to this desirable result no one will doubt. There are still, however, some points respecting which greater accuracy is required. And these were well pointed out in the paper read before the Royal Medical and Chirurgical Society. Perhaps the most important of these is the duration of life after the operation, and the relative frequency with which both ovaries are diseased. Time will, no doubt, solve these problems as it has done the others.—*Lancet*, Feb., 1867.

**Death and Rain.**—Rain, on the whole, would seem to exert a kindly and healthy influence. There is nothing very deadly in it. It may occasion catarrhs and rheumatic complaints, but these are curable with a little management and medicine. And we are to put to its credit the washing away of many of the most injurious causes of disease by a good flushing of the sewers. Summer diarrhœa, cholera, and typhoid fever would be likely to be greatly lessened by a copious rain fall. Dr. Trench, the medical officer of health for Liverpool, has satisfied himself by a series of careful observations, extending over a number of years, that there is an inverse ratio between the amount of rain and the amount of mortality from infantile summer diarrhœa. To the same effect are the tables given by Mr. Macpherson, illustrating the relation of moisture to the mortality from cholera in Calcutta. According to these tables the least mortality from cholera in Calcutta occurs in the months of July, August, and September, which are emphatically the wet months.—*Ibid.*

**Treatment of Drunkenness.**—It is said, in the *Connaissances Médicales*, that a half teaspoonful of the official liquor ammoniæ, properly diluted, will usually dissipate the violence of the symptoms of intoxication. A similar statement is referred to by Wood and Bache. We suppose that when people are drunk they are not apt to consult doctors; but the value of the above mentioned remedy might be easily tested at any of our Police Stations.

THE death of a nephew of Napoleon, rapidly carried off by croup, has given rise to an imperial decree issued at Finckenstein. By this decree, a prize of 12,000 francs is to be awarded to the author of the best work upon the treatment of that affection.

The French Academy of Sciences has named Prof. Nélaton a member titulaire of the section of Medicine and Surgery.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 22d, 1867.  
DEATHS.

	Males.	Females.	Total.
Deaths during the week	37	32	69
Ave. mortality of corresponding weeks for ten years, 1856–1866	33.7	35.2	76.72
Average corrected to increased population	00	00	0
Deaths of persons above 90	0	0	0

COMMUNICATIONS RECEIVED.—Medical Cases occurring in the Massachusetts General Hospital.—Records of the Berkshire Medical Society.

DEATHS IN BOSTON for the week ending Saturday noon, June 22d, 69. Males, 37—Females, 32. Abscess, 1—accident, 3—apoplexy, 2—disease of the bowels, 1—congestion of the brain, 2—disease of the brain, 5—bronchitis, 2—cancer, 1—cholera infantum, 1—consumption, 13—convulsions, 1—diarrhœa, 1—diphtheria, 1—dropsy, 3—dropsy of the brain, 2—drowned, 2—dysentery, 1—scarlet fever, 4—gastritis, 1—disease of the heart, 2—hernia, 1—disease of the kidneys, 1—inflammation of the lungs, 3—old age, 2—puerperal disease, 2—smallpox, 3—disease of the spine, 1—unknown, 6—whooping cough, 1.  
Under 5 years of age, 15—between 5 and 20 years, 11—between 20 and 40 years, 22—between 40 and 60 years, 14—above 60 years, 7. Born in the United States, 44—Ireland, 18—other places, 7.

# MEDICAL JOURNAL ADVERTISING SHEET.

## STRUMATIC SALT—From Mineral Springs containing

### IODINE AND BROMINE.

Manufactured by the Pennsylvania Salt Manufacturing Company. We would bring to the notice of physicians the virtues of Strumatic Salt in the treatment of scrofula and other kindred diseases.

It contains a considerable amount of Iodides and Bromides—combined with other salts—such as Chlorides of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

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To show the great similarity of the salt which we prepare and now furnish to the public under the name of "Strumatic Salt" with the renowned Germann waters, those of Kreuznach, we give an analysis of both.

The analysis of the Kreuznach salt is taken from standard chemical works, and that of our Strumatic Salt is made by Dr. Otto Wuth, Analytical Chemist, of this city. In both cases the analysis relates only to the dry substance contained in the mother-liquors

Strum. Salt of Penn. Salt M. Co.	Kreuznach.
Silica Sand,	0.0175
Chloride of Iron,	0.145
" Barium,	0.3336
" Strontium,	0.0039
" Calcium,	57.9737
" Magnesium,	23.0824
" Sodium,	4.0380
" Potassium,	1.2765
Iodide of Magnesium,	0.1412
Bromide of Magnesium,	1.3116
Magnesia,	11.2629
Alumina,	0.0063
Phosphate of Aluminium, trace	3.8500
	0.3200

By comparing the above analyses together, it will be found that the Iodides and Bromides, which are considered the most active agents in all these waters, are in considerably greater proportion in our Strumatic.

The Strumatic Salt is packed in cases—each case containing 48 airtight iron boxes, filled with about 1 pound of the salt. For use, one or two pounds are dissolved in a bath with from two to four pounds of common salt.

It is confidently recommended to the attention of physicians for use in all such cases as are usually treated by these remedies.

Sold by Druggists generally.

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Prepared by JOSEPH T. BROWN,  
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Apr. 25—1f.

**VACCINE VIRUS.** Warranted pure, fresh and reliable. Orders by telegraph or mail answered by return train, as follows: Ten quills, \$1.50; 1 crust, \$2. From nine, 10 quills or 1 crust, \$2. Also—Gordon's New Spring Vaccinator, for using the crust. Price, \$3.

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May 3—1f

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Mch 22—1f.

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His vaccinations are made from two different "stocks," which he has found to be most perfect and energetic, that of Robert Ceely, F.R.C.S., of Aylesbury, England, and that of the National Vaccine Institution, of London.

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He also attends to the Cure of Varicocele, Hydrocele, Strictures, Hemorrhoids, Fistula, &c.

Apr. 6

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Ft.

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Jan. 19, 1866. Jan 25—1f



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Pills, Two Grains each, contain the active principle of Six Grains.

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Dose.—Single Pill night and morning, or two at night and one in the morning.

From Physicians and Druggists I would ask special attention to its prominent points, and in which will be realized every requirement of the true and natural cathartic.

The action on the bowels is without the least *Griping or Irritation*.

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Ext. Nux Vomica. A.C.	6 grains.
Pulv. Ipecac.	6 grains.

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Ext. Hyocymus.	10 grains.

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Remittances in advance perfectly sacred.  
Je20-6m

**ANNOUNCED MEETING of the Medical Faculty**  
of Harvard University, for the Examination of Candidates for the Degree of Doctor in Medicine, will be held at the Massachusetts Medical College, North Grove Street, on Monday, July 7, 1887, at 3 o'clock, P.M. GEO. C. SHATTUCK, Deas.  
June 20-3t

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Dr. Jas. M. Stickney, Pepperell.  
Je 26-1t.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2053.] Thursday, July 4, 1867. [Vol. LXXVI. No. 22.

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### DEPARTMENT OF MEDICINE AND SURGERY IN THE UNIVERSITY OF MICHIGAN.

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President of the University.

Officers and Members of the Medical Faculty.  
Dean, SILAS H. DOUGLASS, M.D.

- ZINA PITCHER, M.D. Emeritus Professor of the Institutes of Medicine and Obstetrics.
- ANN SARGENT, M.D., Professor of Obstetrics and Diseases of Women and Children.
- SILAS H. DOUGLASS, M.D., Professor of Chemistry, Pharmacy, and Toxicology.
- ALONZO B. PALMER, M.D., Professor of Pathology and Practice of Medicine.
- CORYDON L. FORD, M.D., Professor of Anatomy and Physiology.
- SAMUEL C. ARMOR, M.D., Professor of the Institutes of Medicine and Materia Medica.
- WM. WARREN GREEN, M.D., Professor of Surgery.
- ALBERT B. PRESCOTT, M.D., Assistant Professor of Chemistry, and Lecturer on Organic Chemistry.
- PRESTON B. ROSE, M.D., and A. E. FOOTE, M.D., Assistants in the Chemical Department.

The Lectures for the Session of 1867-68, will commence on the first day of October next, and continue till the last of March. Established and supported by the State, this institution presents to the medical student facilities for the successful prosecution of his studies unsurpassed by any similar institution in the country. The number of students at the last session was 527.

Fees for Michigan students, \$20 for the first year, and \$10 for all subsequent years. For all others, \$30 for the first year and \$10 for all subsequent years.

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Je 20-4t

DISEASES OF THE EYE. A Practical Guide to the study of Diseases of the Eye. By HENRY W. WILLIAMS, M.D., Ophthalmic Surgeon to the City Hospital, &c. &c. SECOND EDITION, revised and much enlarged, with numerous Plates and Test Types.

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1f

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ALDEN MARCH, M.D., Principles and Practice of Surgery.

JAMES McNAUGHTON, M.D., Theory and Practice of Medicine.

JAMES H. ARNOLD, M.D., Descriptive and Surgical Anatomy.

JOHN V. P. QUACKENBUSH, M.D., Obstetrics and Diseases of Women and Children.

JACOB S. MOSHER, M.D., Chemistry and Medical Jurisprudence.

S. OAKLEY VANDERPOOL, M.D., General Pathology and Clinical Medicine.

JAMES E. POMFRET, M.D., Physiology.

JOHN V. LANSING, M.D., Materia Medica.

JACOB S. MOSHER, Reg'r.

Ap. 11

### GUIDE FOR THE MEDICAL BATTERY.

"A Guide-Book for the various Medical Batteries," being a compendium from his larger work on *Medical Electricity and Nervous Diseases*, by ALFRED C. GARRATT, M.D. It illustrates a variety of modern and improved apparatus, as well as new methods and Rules for the scientific employment of electricity in the treatment of nervous affections. It is a small book, but full of practical matter. Published by Lindsay & Blakiston, Philadelphia, and for sale by E. P. Dutton & Co., at 135 Washington Street. It is an 8vo. of 180 pages. Price, \$2. Jan. 10-1y.

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Veratrine,	1-24	Iodide Mercury,	½
Sulphate of Morphine,	1-8	Valerianate Morphine,	1-8
Cerroise Sublimate,	1-12	Acetate Morphine,	1-8
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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, JULY 4, 1867.

No. 22.

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DISEASES OF THE ISLAND OF BARBADOES.

[Read before the Boston Society for Medical Improvement, June 10th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By J. B. S. JACKSON, M.D., Boston.

IN a recent visit that I made to the Island, I saw and heard something of the diseases that prevail there, and have thought that the Society might like to hear such a general account of them as I am able to give.

Barbadoes is an English island, about 21 by 14 miles in extent, and may be regarded as one great sugar plantation. The central portion is almost mountainous, though the highest point of land is only about 1150 feet above the level of the sea. Otherwise the face of the country is not remarkable, and I did not see or hear of any part that was marshy. The southern half of the island, which I saw quite thoroughly, is a limestone region; and the roads are often, and to a considerable extent, cut through rocks that contain great numbers of corals. Towards the centre this formation disappears, and the rocks have a somewhat igneous appearance.

The temperature varies not much from 80° during the year; but as the island is the furthest to the windward of any one of the Windward Islands, it has the full benefit of the trade winds, and is comparatively cool. During my stay there of five days, from the 16th of May, the weather was often spoken of as very warm; but, though the thermometer was generally observed three times a day, and was found to range from 77°–86°, in the cabin of our vessel that lay about a mile from the shore, the heat did not seem to me oppressive as compared to that of our own midsummer; and in the shade, and especially in the houses, I should have called it very comfortable weather for July or August—so cool and refreshing was the breeze that constantly prevailed. A hygrodeik that was also on board, varied from 69° to 90°; the average in this city during the month of May being 56½°, as observed at 8, A.M., and at noon, by Mr. C. A. Siefert, manufacturer of thermometers, &c.

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The population of the island is about 180,000, and of this number about seven eighths are blacks.

Having taken a letter of introduction to Dr. William Clarke, I was received by him most kindly and hospitably; and his attentions I shall certainly never forget. I also became acquainted at the hospital with Dr. James Manning, from whom I received the kindest attentions. Both of these gentlemen, who stand at the head of the profession, were born upon the island, but received their education in Europe, and were graduated at Edinburgh; Dr. C. having been in Paris and Edinburgh in the years 1829-30, when I was there myself. They are both in attendance at the hospital, and make their visits from 1 to 3, P.M., admitting new patients every Monday, and performing any surgical operations that may be required on Thursdays.

Upon each of these two last days I visited with them, and was very much interested in all that I saw and heard. Dr. C., who does most of the surgery, amputated a little girl's thigh, for cancer of the tibia, by the flap operation, and under the influence of chloroform, which alone is used. Cancer in general is sufficiently common. Amongst the outpatients was a young woman with hydrocele of the neck—a disease that seems not to be rare upon the island. In the wards, I saw cases of fractured femur that had been treated in the most simple manner, and with the best possible results.

There were two patients convalescent from idiopathic tetanus, which is quite prevalent, though the disease is more generally the result of injury. It is treated by opiates and a free use of brandy; and one third or more of the cases usually recover. Dr. M. spoke of a severe case that followed upon an extensive wound of the neck, and that during convalescence was complicated with delirium tremens, in consequence of the large amount of stimulants that had been used, and in which the patient finally recovered. Hydrophobia is sometimes seen; and, since the abolition of slavery in 1838, mania has been common amongst the negroes.

There is one disease that is particularly associated with the island, as it was described many years ago from observations made upon it there, though it is now known to be sufficiently common in many other parts of the world. I refer, of course, to the "Barbadoes leg." Of this disease I saw two cases in the hospital, and one in which amputation had been performed. It is quite as common as it ever was; affects the poor particularly, though it is sometimes met with in the higher classes; and is most common amongst the blacks, even allowing for the difference of proportion in the two races. It may occur in healthy subjects; an ulcer upon the leg or a wound sometimes exciting it; and dampness seeming to have a predisposing effect. Not unfrequently, it commences with an attack of erysipelas, and with symptoms that suggest the idea of intermittent fever; and such symptoms, local and general, may recur a number of times before the dis-

ease becomes fairly established, there being some increase of it with each attack. Adults are, of course, its usual subjects, but Dr. M. had once known it to commence at the age of sixteen years. Though very generally affecting the lower extremities, and the two about equally, it is sometimes seen in the upper; the scrotum is also occasionally the seat of the disease, and for this last Dr. C. has operated. Both of the lower extremities are sometimes affected, and I think that such was the case in one of the patients whom I saw at the hospital. Having once commenced, the disease may increase rapidly, or it may be four or five years in reaching its height; but, whatever may be its early course, it never recedes, and, unless interfered with, must be carried through life—local treatment seeming to have no effect. Being so common and so intractable, it is generally regarded as a calamity rather than a disease; and it is only when the patient is burdened beyond endurance by a sense of weight in the limb, and annoyed by the oozing from the surface, and the flies that are collected about it, that he begs to be relieved even by amputation.\*

Other affections of the skin, ulcers upon the leg, and syphilis in all its forms, are exceedingly common. The number of ulcers was as large, I think, in proportion, as would be seen in any hospital. Having asked Dr. C. if he had often found the *chigoe* in the feet of the negroes, he said, "Certainly—enough of them," and asked if I would like to see some of them. I told him that I certainly should, and he gave directions accordingly. Presently we received notice that a subject had been found; and on going into one of the wards, we saw a negro lad digging into the heel of an old, paralytic patient with a coarse, dull knife, and extracting the cysts. They were situated near the margin of the heel, and in the cuticle, but very near to the cutis, so that no blood was drawn in the operation, the surface over them being very much roughened. Several cysts were thus removed; and, though generally broken, one or two were entire. (Specimens shown.)

Yellow fever seldom occurs in the island, and intermittent very rarely. Formerly, a low typhoid fever prevailed, with hæmorrhage from the bowels and an affection of Peyer's patches; but, of late years, this is less frequent.

Bronchitis, with febrile symptoms, is very common, but internal inflammatory affections are rare. Chronic rheumatism is quite common, but in the acute form it is equally rare. The wife of the merchant, however, to whom our vessel was consigned, had been suffering from this last for several weeks, and under homœopathic treatment. With one unimportant exception, her physician is the

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\* Since my return, I have been told that compression has been effectually used, but I heard nothing of this mode of treatment. Dr. C., however, intends to try the operation, that has been proposed, of tying the external iliac artery. I would say, also, that he spoke of an affection of the lymphatics as an important pathological element in the disease.

only representative of this form of quackery; but his practice, as I was told, is quite extensive. Dysentery is not by any means as common as it was formerly; and neither is there much seen of diarrhœa, cholera infantum, or hepatic affections, which last we so usually associate with the tropics. The white portion of the population, as I saw them about the city, have quite as fresh complexions as we see here; and at church, if it were not for the large number of blacks, of whom the better class sit in pews side by side with the whites, one might have almost fancied himself in the midst of a Boston congregation. There was one other difference, and that was in the greater number of black hats and black cloth coats. In 1854, the cholera prevailed fearfully from May till August, carrying off 25,000 of the inhabitants; and in Bridgetown, a city of about 30,000, but which has about doubled the last twenty years, the number of deaths was about 300 daily.

Phthisis is a disease that has been supposed hardly to exist in the tropics, but observations of late years seem to show that such is far from being the case. In the island of Barbadoes it is much more common than formerly, and quite so amongst the negroes. Since the abolition of slavery, the diet of the blacks has probably been less nutritious than when they were not obliged to provide for themselves, consisting now chiefly of Indian meal, sweet potatoes and flying fish—which last delicious fish is taken in immense numbers around the island; and to this cause the increase of disease seems to be attributed, though the general appearance of the blacks struck me as quite healthy. And I would remark that the number of mulattoes, in whom we generally find a greater tendency to tubercular affections than in the pure negroes, appeared to me to be small. I saw several cases of phthisis at the hospital, and was told that when patients come to the island with this disease no marked benefit is experienced, though the climate, if a tropical one could have any effect, seems to be all that could be desired. Scrofulous glands and disease of the joints are also common, but tubercular meningitis is very rare.

Bright's disease is sufficiently common, and renal calculi are often found and passed with the urine; but calculi in the bladder Dr. C. has not met with, though, as above stated, a limestone formation is so abundant in the southern part of the island.

Lastly, of uterine disease and derangements there seems to be as much as most persons would desire to see, in the form of polypi, fibroid tumors, leucorrhœa and menorrhagia.

The hospital at Bridgetown, I should add, is admirably situated, as cool and comfortable as possible, and well filled without being crowded.

## PHLEGMASIA DOLENS?

[Read before the Boston Society for Medical Observation, May 20th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By CALVIN G. PAGE, M.D., of Boston.

THE fourth pregnancy of Mrs. R., aged 33, was to terminate in the latter part of March, 1867. She had been perfectly well since conception. During February and March she had been much fatigued by constant attendance on a sick child. I was called upon March 23d, at 2, P.M., and informed that she had labor pains quite slight, and that I had better see her during the afternoon. I got to the patient at 3, P.M., and found the child born, after two or three hard pains. There was more flowing than in her previous labors, but the uterus had contracted well, and the placenta and membranes were removed at once without difficulty. The child, a boy, weighed five pounds. On the 24th, she was doing well, had slept considerably, and was perfectly comfortable. She was not seen on the 25th. On the 26th, during my visit, she had a chill. She had been placed on her feet the day before by her attendant, while her bed was being made, and felt somewhat uncomfortable in the afternoon. There was much abdominal pain, tenderness and heat, with cold extremities and rapid pulse. An immediate application was made to the abdomen of a large mustard paste well sprinkled with turpentine, with heat to the extremities; ten grains of Dover's powder were directed to be given every four hours. On the 27th, she was better; some heat of skin, some perspiration; had some sleep. Took four powders.

28th.—No medicine since yesterday. No pain; some soreness over abdomen; feels weak, and is without appetite.

29th.—She slept well. Feels better; has some soreness and fever, though the tongue is clean. To take thirty drops of spirits of nitre every four hours if fever continues.

30th.—Not seen.

31st.—Has used nitre. Is much better; no soreness detected; milk abundant. I now congratulated myself that the case had terminated with a mild, sub-acute peritonitis, which had passed off. But, on the 6th of April, I was sent for, and found her with a pulse of 96, considerable fever, milk very scanty, much pain on motion in the bed, but no tenderness anywhere, restless, and without sleep the previous night; some headache and much perspiration. She was still flowing. Gave Hoffman's anodyne, with spirits of lavender, and applied mustard and turpentine to abdomen and back.

7th.—There is headache, fever and slight delirium; pulse 120; tongue moist and white; no soreness. To get a wineglassful of beef-tea every two hours, and to be bathed with hot rum.

8th.—Pulse 100; feels badly about the head, and touches a tender spot near the right mastoid process. Continue beef-tea; omit anodyne, on account of dislike of patient. Give ten grains of lupulin

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every two hours, and Dover's powder at night, and apply ice to the head.

9th.—She feels better. Took 100 grains of lupulin and one Dover's powder. Slept well. Some fever and headache.

10th.—Removed to more airy room. Lupulin omitted. Dover's powder p. r. n.

11th.—Not seen.

12th.—Pulse 104; feels very weak; tongue coated, but moist; much headache; no tenderness. To use beef-tea freely and Dover's powder p. r. n.

13th.—Not seen.

14th.—Pulse 86, small; tongue coated; no appetite; very feeble; profuse perspiration; slightly delirious. Champagne every two hours.

15th.—To-day, reports a chill on the 13th, not mentioned yesterday, and one yesterday, after my visit. To get two grains of quinine every four hours, and stimulant.

16th, A.M.—Slept well; slightly stronger; pulse 100; tongue cleaning at edges. P.M.—Patient in rigor, lasting half an hour; pulse 120. The skin was hot over the whole body and extremities during the rigor.

The case for the next few days may be briefly stated. There was a chill on the 17th, 19th, 20th and 21st. There was noted then a slight swelling of the left foot, which had been present for two days, but being painless and not tender, my attention was not called to it. On careful inquiry, no tender or sore spot could be found, although the patient moved in bed as if in pain. Consultation desired, but declined by family.

22d, P.M.—Feels better; no fever; pulse 88. Ate some oysters and drank milk with relish. Natural dejection this morning. During visit, a rigor lasting ten minutes, with much chattering of teeth. Skin very hot all over.

23d.—Better. No chill.

24th.—Slight chill; pulse 100. Relished beef-steak. Right wrist feels lame.

25th.—Dr. Minot saw the patient in consultation. There is slight tenderness over left femoral vein and left groin, and some swelling of foot, and sharp pain in the right wrist over the ulnar side. Pulse 86 to 92; tongue quite clean; urine dark, but clear. Slight rigor at 2, P.M., easily controlled, but followed by profuse perspiration, about which she is much alarmed. Dr. Minot advised the quinine to be pushed, and eight grains were directed every four hours. There is a disagreeable drain smell from the lower part of the house.

26th.—Pain in wrist great—has to place it on a pillow; also, pain in left shoulder, which is very sore. Laudanum to wrist and shoulder. Continue quinine.

27th.—Slight rigor; pulse 86; pain continues. Natural dejection. Urine more free.

29th.—Sitting up. Pulse 84; tongue clean; still pain in right wrist and left shoulder; also in left foot at night. Continue quinine pills.

May 1st, P.M.—No chill for two days; one natural dejection; pulse 100; had a fainting turn this A.M.; wrist and shoulder still painful; left leg tender on pressure along femoral vessels; groin glands tender.

3d.—Pulse 88; less pain in wrist and shoulder; more appetite; no chill; both legs tender, with a dead, heavy feeling.

6th.—Pain only in left leg; pulse 88; tongue clean; fair appetite; sleep good. Omit quinine.

9th.—Still pain and soreness of left leg; no swelling; appetite better; good sleep.

15th.—Decidedly better; can exert herself, and get out of bed; cannot walk without help; can get across the room by pushing a chair in front of her. She walks upon the toes of her left foot, because it hurts her to stretch out the leg. Appetite good, and patient very cheerful.

20th.—Feels well and cheerful. Rode out on the 17th; leg felt worse from too much exertion. Appetite excellent; sleep good; pain gone from wrist and shoulder, but present on full extension of left leg; slight tenderness remains over femoral vessels; still walks on toes of left foot.

[The following was received subsequently to the above.—Eds.]

June 3d.—For the past three days the patient has been able to walk firmly on the foot; tenderness all gone; some slight swelling about the ankle, which disappears when the posture is recumbent.

## CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 374.]

**ECZEMA** of the eyelids (*eczema tarsi*, *ophthalmia tarsi*, *tinea ciliorum*, *psoriasis tarsi*) is often met with in children and adults. The affection is apt to be regarded as evidence of a scrofulous diathesis, but without good reason. It is simply a local variety of eczema, and undergoes the same changes here as in other localities, viz., inflammation, itching, thickening of the lids—that is, infiltration. Not unfrequently, minute pustules arise and form (*eczema impetiginodes* of some writers) incrustations or delicate scales, which impart to this variety of eczema some of the features of pityriasis or psoriasis. But the disease should, amid all these phases, be recognized as an eczema. And it will generally be found associated with some other form of the same eruption in a distant or adjacent region. Chronicity is one of the most common attributes of this local affec-



tion. The hair follicles and tarsal glands become involved, and there is more or less weeping from the lids of an ichorous discharge, which chafes and inflames the surface over which it flows, and thus the cheeks in time take on a similar action.

The treatment is simple. At almost any period of the eruption, the following local application will be appropriate:—*R.* Hydrargyri oxidi rubri, gr. ij.; glycerinæ, gtt. ij.; unguenti rosæ, ʒ ij. *M.* A portion equal to a pin's head may be placed between the lids, at the outer canthus, at night, or every other night, and care taken not to let it get upon the eyeball. A camel's hair pencil should be used.

If a collyrium is desired, a weak solution of the chloride of zinc will be appropriate. *R.* Zinci chloridi, gr. i.; aquæ rosæ, ʒ iv. *M.* Two or three drops of this lotion are to be applied to the diseased lids twice daily with a camel's hair pencil.

Eczema of the lips is often met with. It is sometimes confined entirely to these parts; but, in most cases, the eruption exists on other portions of integument simultaneously. Not unfrequently, it is associated with eczema of the anus. Sometimes these two distant regions seem to act in sympathy, and take turns in relieving each other of the existing trouble, so that when one part is involved the other is free. This metastasis or migration of the disease from one extreme to the other of the alimentary canal may be kept up for a long period.

Nearly all the forms of the eruption may break out on the lips, and become a source of much annoyance and actual suffering to the individual. The lips swell, inflame, bleed, crack, discharge a serous fluid more or less abundantly, and are often disfigured by deep and ugly-looking fissures, which refuse to heal for months or even years. The patient can neither eat, drink, speak, or smile without pain.

The treatment for this local affection must necessarily be simple. If there is much thickening of the lips, it will be proper to touch them a few times with the aqua potassa or the potassa fusa, about one half drachm to the ounce of water, every fourth day. After the application of the caustic, the parts should be liberally coated with the following cerate. *R.* Pure olive oil, one ounce; yellow beeswax, half a drachm. Direct the apothecary to melt the beeswax in the oil in a sand- or water-bath, and, when melted, stir in new honey one drachm, pulverized oxide of zinc half a drachm, and keep stirring till cool. After thoroughly removing the potash with warm water, and wiping the lips dry, the cerate should be applied, and should be renewed two or three times in the twenty-four hours. This cerate makes a very soothing application for sore nipples, in most instances; sore nipples being usually nothing more nor less than a variety of eczema. The eruption occurs usually in connection with lactation, and occasionally produces inflammation of the deeper parts, giving rise to mammary abscess. The cerate is also a suitable application in most cases of eczema of the external auditory passage (*Eczema meatus*).

In eczema of the legs (*eczema crurale*) the medical attendant has generally to contend not only with the fitful character of the disease, but also with the usual habits of the patient, whether male or female. This remark is applicable, at least, to nearly all patients in private practice. In hospital practice the physician can have his own way. Now one of the most important items in the treatment of the disease in question, when seated on the lower extremities, is to have the patient confined to the bed. A surgeon might as well expect a fractured leg to get well while the patient is allowed to hobble about with it, as the dermatologist to hope that a severe case of eczema of the legs will be cured while the individual is suffered to roam abroad wherever he pleases. In almost every populous community, scores of eczematous legs are carried about, because the owners thereof cannot be induced to submit to quiet rest and a horizontal position. So long as the limb is in a dependent state the capillary circulation is impeded and congestion is consequently the result, and the most assiduous professional efforts are well nigh without benefit. The patient generally gets uneasy and dissatisfied if not cured immediately, and neither gives thanks nor credit to his physician for his services, but strays away to some one else.

In the treatment of eczema of the legs, therefore, it is the duty of the surgeon to state to the patient, in explicit terms, the paramount importance of rest in a recumbent position until convalescence is well established. We are led to dwell upon this point with the more emphasis, because failures not a few occur in the practice of every medical man, in cases where the benefit of repose in a proper position has been ignored by the patient; and where he thus deals unfairly towards his medical adviser, the latter is often under strong temptation to abandon the case.

Eczema of the lower extremities is met with more frequently than on any other region, and it is much more unmanageable than when developed elsewhere. In some instances where varicose veins coexist, or where the patient is quite in years, the eruption is apt to degenerate into chronic ulcers of vast extent, and the whole limb swells to an enormous size, and feels to the touch almost as hard and solid as marble. Under such circumstances, all efforts at cure avail little or nothing. The patient is doomed to a life of suffering.

When it is desirable to correct the offensive discharge arising from old ulcers of the legs which are frequently met with in chronic eczema of these parts, a solution of the nitrate of lead in the proportion of eight ounces to half a gallon of water, will be a convenient agent for the purpose. Rags or bandages saturated with the solution may be employed in the dressings and kept wet with it more or less as the case may require. By this procedure the patient will be relieved of a very great annoyance, and the apartment rendered comparatively free from any fetid smell. The sores may also be washed with the solution morning and evening if necessary.

The employment of most of the local measures, already sufficiently alluded to, will be equally proper in eczema of the legs. To remove the incrustations nothing can surpass the solution of the carbonate of soda, which exerts also a soothing influence and quiets the most urgent pruritus, in all ordinary cases. If pieces of surgeon's lint are saturated with it and laid smoothly on the part, the moisture can be retained by means of oiled silk or thin gutta percha for several hours, and the patient can repeat the solution at pleasure.

Should it be thought advisable to rely on the benzoated oxide of zinc ointment, or the mixture of the oxide of zinc with glycerine and camphor, a thick coating of either can be used and repeated two or three times a day without disturbing what has been previously put on. If the limb is swollen or if the eruption is complicated with a varicose condition of the veins, the use of a bandage is to be recommended. It should be narrow, and smoothly adjusted, commencing with the foot. It should be re-adjusted two or three times a day, if necessary, so as to keep up equable pressure. These measures will suffice, when the eruption is of quite limited extent and the infiltration moderate; but if a large surface is involved and the disease chronic, with great infiltration, then it will be advisable to employ the *schmierseife* or German soap—*sapo viridis*; or the common *sapo mollis*, such as the washerwomen of the country ordinarily use. The two articles just named are essentially alike in their composition and in their caustic action on the skin, and it is immaterial which is selected. When there is but little infiltration, a rubbing with the soap once or twice a day is sufficient; but when the infiltration is more considerable, a more frequent application is necessary. When the skin has been thoroughly rubbed with the soap, the surface should be washed, and cold water dressing applied until the next rubbing. This procedure must be continued as long as the moisture and itching and infiltration continue, and until the frictions no longer give rise to heat and excoriations of the skin. The soap must then be replaced by cold applications, and the treatment terminated by other local measures. This treatment is identical in its effects with that recommended by Hebra.

If the eruption becomes chronic, and is a variety of eczema squamosum, equal parts of tar, cod-liver oil and glycerine make a suitable dressing. The Norwegian tar-soap (black variety) is likewise a very valuable preparation for topical use in eczema squamosum. It may be rubbed on the parts very briskly, two or three times in the twenty-four hours, with a piece of flannel, and then washed off, and the surface may then be protected by the last-mentioned dressing. Or, the soap may be allowed to remain on for one, two, or three hours at a time, unless it produces too much irritation.

*Eczema Mercuriale*.—This variety of eczema is entitled to a brief notice, though of rare occurrence. In most instances, women of a peculiar idiosyncrasy are the subjects of it. In the application of

the emplastrum ammoniaci cum hydrargyri as a discutient in enlarged glands, swelling of the joints, chronic hepatitis, &c., the mercury is absorbed in sufficient quantity to produce the complaint, and sometimes a very small quantity of a mercurial preparation taken internally will produce it. The vesicles are exceedingly minute, and are developed upon an intensely inflamed ground. There is great heat, in severe cases, accompanied with a smarting and burning sensation and itching. The surface soon becomes of a dusky-red hue. In very bad cases, the entire surface of the body and limbs is involved. The face becomes enormously swollen, the eyes are completely buried in the tumefaction of the lids, so that the patient is blind for several days, and the ears are greatly swollen and distorted in consequence of the infiltration of serous fluid into their substance. The integument of the pudendal region is involved to a most distressing degree. The parts are much inflamed and hypertrophied. The inflammation extends to the mucous membrane of the vagina, producing the most intense suffering, especially in micturition, and in the course of four or five days a copious discharge of serous fluid escapes from these parts. The mucous membrane of the mouth, fauces, throat and bronchial tubes participates in the affection, and salivation is induced and continues with more or less severity for several weeks. Meanwhile, the vesicles on the skin burst and pour out an abundant ichorous fluid, the odor of which has been compared to that of putrid fish. The entire apartment occupied by the patient is filled with the nauseous effluvia arising from the offensive discharge. In severe cases, the constitutional symptoms run high, the tongue is coated with a white fur, and there is nausea, fever, pains in the head, delirium, and sleeplessness. In eight or ten days from the outbreak of the eruption, the cuticle begins to fall off in large flakes, and the severity of all the symptoms begins to abate. The exfoliation of the epidermis takes place several times, and the surface thus denuded of its natural covering presents quite a unique appearance, as the large flakes of the cuticle hang loose from various parts of the body and limbs. Sometimes the exposed derma is excoriated and bleeds at many points, and the patient in consequence suffers intensely. The disease is very apt to return. In mild cases, only a limited portion of integument is disturbed by the eruption, and no constitutional symptoms are developed; and in a few days the eruption entirely disappears, without any occasion for medical treatment worth naming. We have seen three cases of *eczema mercuriale*. The patients were all young females.

#### *Treatment.*

Tonics, moderate doses of liquor ammoniæ acetatis, orangeade, demulcent drinks internally; and externally, equal parts of lime water and linseed oil, glycerine somewhat diluted with water, warm baths daily, with about three ounces of the carbonate of soda to twenty-five or thirty gallons of water, and the bran bath.

If the mucous membrane of the labia or vagina is much inflamed, a weak solution of the liquor sodæ chlorinatæ, one part to twenty-four of water, should be injected several times a day, and the labia kept apart by means of lint saturated with the solution.

[To be continued.]

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.  
BY W. H. TRAVER, M.D., SECRETARY.

*Rupture of the Liver; Death.*—Dr. MASON reported the case.

The patient, T. A., æt. 66, American, temperate, occupation a book-keeper, was first seen by Dr. Mason last fall. He then had a small epithelial cancer upon the side of the left foot. He had never been a robust man, but always enjoyed good health. Through the months of December and January, Dr. M. saw but little of him. His health, however, gradually failed; he complained much of being tired, and of weakness in his back, which was aggravated by riding to and from his place of business.

On Monday, Feb. 4th, he fell upon the ice, striking upon his left side; he complained, however, of no pain, except a little soreness in his left shoulder and hips. On Monday night, he was seized with a severe pain in his abdomen, between the epigastrium and umbilicus, which became so unbearable that Dr. Mason was called about 3½ o'clock, Tuesday morning. He found the patient quite sensible, looking as well as usual; pulse natural, but rather weak. He gave a subcutaneous injection of sulphate of morphia, one fourth of a grain, and, as his bowels had been constipated for several days, a powder of hydr. chlor. mit. and bicarbonate of soda, to be followed about noon by a Rochelle powder. Tuesday forenoon, he was very comfortable, about noon got up, passed a comfortable day and night, and on Wednesday morning repeated the Rochelle powder. Throughout the day he felt as well as usual, and went down stairs to his meals. About 8 o'clock in the evening he felt a little faint, and thought his medicine was about to operate. He went down to the water-closet, had a free evacuation, and at the same time he was seized with great nausea and vomiting of sour fluid, immediately after which he fainted. He was moved to an adjoining room. Dr. Mason saw him at 9½ o'clock, P.M. He was then sensible, but answered questions with difficulty, and in a low voice; face pale; head and hands cold; pulse almost imperceptible; respiration short, hurried, and somewhat gasping. Atheromatous deposits could be felt in the radial artery. Said he had "no pain, but felt faint." Gave brandy, ammonia and ether. He now complained of severe pain in his back, which kept him tossing about; relieved by mustard and warmth to extremities. He next complained of pain resembling, and in the position of, that on Monday night. Most of the time he lay quietly, but when aroused, as he frequently was of his own accord, he would complain of the pain in his stomach. Rested easiest upon right side, but turned readily from one to the other. About 3 o'clock, Thursday morning, he had a very severe

attack of pain, suddenly became unconscious, and died at 3.15 on the morning of the 7th, a little over two and a half days after the fall, and eight hours after fainting.

*Autopsy*, thirty-one hours after death. Over the body were found numerous spots, two or three lines in diameter, resembling purpura; considerable ecchymosis at the point of entrance of subcutaneous syringe. A few remains of tubercular trouble in both lungs; firm adhesions about apex of right lung. Heart flabby; muscular substance very pale and friable; walls thin; blood fluid—no tendency to coagulation. Abdomen.—About two quarts of blood in the abdominal cavity, thin and watery. Liver pale and very friable; over posterior part of right lobe, and extending along the vena cava to the diaphragm, ecchymosed patches. In the posterior part of right lobe, and to the right of the vena cava, was a rupture, extending posteriorly about three inches and into the substance of the liver three inches. The rupture formed a pocket in the liver, the lower wall of which was about one half inch thick. In this pocket were numerous dark clots of blood. The kidneys were also fatty. The heart, liver and kidneys were examined microscopically, and found to contain large quantities of fat in the cells and muscular substances.

*Obstruction of the Bowels from the accumulation of Cotton Yarn.*

Dr. C. T. GARDNER reported the case.

The patient was a female, aged 26 years, a weaver by occupation. When Dr. Gardner first saw the patient, she had symptoms of enteritis, pain and tenderness of the abdomen, accompanied by vomiting. Bowels constipated, nights sleepless. In the emesis, he discovered a small quantity of cotton yarn. On inquiry, he learned that the patient, during the past six months, had been in the habit of chewing cotton yarn and swallowing it. To relieve the pain, he injected sulphate of morphia, hypodermically; this was followed by castor oil, producing copious evacuations of the bowels, and revealing the cause of her illness, in the shape of some half pound of cotton yarn. Dr. G. exhibited a portion of the yarn. The health of the patient previous to this illness had been good, the catamenia being regular; and she had no morbid propensities in relation to eating.

*A Catheter broken off in the Urethra; Operation; Recovery.*—Dr. NEWELL reported the case.

R. G. G., American, aged 65, occupation a superintendent of a cotton mill, had always enjoyed good health up to two years ago, when he experienced some difficulty in voiding his urine. To relieve himself, he was in the habit of passing a No. 7 silver catheter several times a day. On February 1st, while in the act of passing the catheter, by a sudden and accidental movement of the body the instrument was broken off, leaving a piece  $3\frac{1}{2}$  inches long in the bulbous portion of the urethra. Dr. Newell saw the patient eleven hours after the accident, and found him in great pain from distension of the bladder. The piece of the catheter could be felt in the bulbous portion of the urethra. Dr. Newell made an incision from the posterior edge of the scrotum along the raphe to the anus, an inch and a half in length, extending up and back through the bulb of the corpus spongiosum into the urethra, at the junction of the membranous and bulbous portion, exposing the anterior end of the piece of catheter, which he extricated with forceps. The wound was closed with a single silk suture, and

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dressed with cold water. The bladder was relieved by a metallic catheter, which was allowed to remain in the urethra, secured by means of tape around the body. The patient made a good recovery.

### Bibliographical Notices.

*Forty-ninth Annual Report of the Superintendent of the McLean Asylum for the Insane, Somerville, Mass.*

WE learn from this report of Dr. John E. Tyler, that since the opening of this asylum, Oct. 6, 1818, 5276 patients have been admitted, and 5079 have been discharged. Of the latter, 3421 were recovered; 1971 were much improved; and 697 died. Thus more than 87 per cent. of the whole number admitted were returned to usefulness and society, either as recovered or much improved.

At the beginning of last year, the asylum contained 192 patients—93 males and 99 females. There were admitted during the year 103—48 males and 55 females. Forty-nine of each sex were discharged, leaving in the asylum at the end of the year 197—92 males and 105 females. Of those discharged, 46 were recovered—21 males and 25 females; 4 were much improved—1 male and 3 females; 7 of each sex were improved; 2 of each sex were not improved; 1 remained only a few days, and 17 males and 12 females died. The cause of death in twenty cases was paralysis.

Among the persons admitted, a larger proportion than usual was plainly past recovery, but the nature of their disease made proper care at home an impossibility.

The Doctor says:—"Several new and valuable items of purely medical treatment have been successfully tried during the year, and the worth of the course long pursued has been most pleasantly attested by the recovery of some very severe cases." What these new and valuable items were he does not state. They might be of great interest to the "brethren."

The general management as to exercise, amusements, driving through pleasant localities, and visiting places of interest, with lectures, games, dancing, and anything that will attract the attention and change the current of thought from a morbid to a healthy course, has been very much the same as in former years.

A large part of the report is devoted to the subject of the excessive use of wines and other alcoholic drinks, and their effects on the mental condition of the "victims."

This indulgence (the excessive drinking of wines and ardent spirits) seems to be on the increase. "More persons, chiefly young men," the Doctor says, "either positively insane, or who have been seriously damaged, mentally and physically, by this cause,\* have come under our professional observation, or have applied here for advice and relief during the last year than we can remember before in the same length of time." "The excessive and continued drinking of wine leads to a peculiar disease of the brain, not always manifested by any violent demonstrations of conduct, and is therefore very apt to be disregarded until entirely beyond cure." "An utterly hopeless

form of mental disease in these cases will be developed by any shock, whether of disappointment or otherwise, which a healthy man would have sustained without injury."

All *insane* persons, whatever the *cause*, the legal forms having been complied with, are admitted to the asylum. But a class known as "inebriates" are excluded, not because they are *not* mentally diseased, nor because they do not need restraint, but because "it is not fitting that they be domiciliated with the general insane." Such of this class as will go voluntarily to an institution, who are still capable of being controlled by moral motives, can be reclaimed and restored to their places in society. "But the thousands who will seek no place or means of restraint themselves, and who exclaim against restraint, if imposed, who are utterly unable or unwilling to exercise any control over the propensity for drinking, are still necessarily left at home, a constant grief and often a terror and danger to their friends." A few retain their moral sense fresh and unimpaired and suffer accordingly; "but the usual effect of excessive drinking, and that which renders the management of inebriates so difficult, is the deadening of the moral sensibilities." "The intellectual powers may remain undimmed; a person may be able to reason clearly and closely, and the power to perceive right and wrong remain quick and correct, and still all moral feeling be lost." "No pleasure results from doing right, no twinge of pain is felt from doing wrong." "No regard for truth is had, except so far as it may serve a present purpose."

Pathological investigations show that the brain, stomach and other organs are changed and diseased by the action of alcohol. "Healthy thoughts and healthy moral sentiments are not evolved by a diseased brain." "An inebriate has a diseased brain."

Some of the conclusions at which the doctor arrives are, that many of these are *recoverable*, as experience has shown; that they demand restraint that implies care and treatment, and *need* to be *cured*, and not *punished* into health; that this work must be done by the State or by responsible parties; that legal enactments must be such as shall secure a long period of restraint; that only a few, not exceeding twenty or thirty, should be domiciliated together, and a thorough examination of each case, in all its relations, must be had before committal.

C. K. B.

Northampton, 1867.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, JULY 4, 1867.

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### VENOUS MURMURS IN THE NECK.

EVERY practitioner in medicine must remember with what eagerness he has applied his ear to the stethoscope, when as a student he was picking up the crumbs of auscultation which might fall to his lot, in "walking the hospitals," if his awe-inspiring instructor has happened to announce that over the vessels of the neck in some pallid victim of chlorosis, the portentous *bruit de diable* was



humming and buzzing its constant tune. The seat of the murmur is now generally conceded, we believe, to be in the jugular veins. The *modus operandi*, however, is still a matter of difference. This is something more than a mere question of curiosity, inasmuch, as generally explained, it is attributed to certain conditions of the blood, and so far has a direct bearing upon questions and methods of treatment; and although in the cases in which it exists there are usually other decided indications, yet we think we are right in supposing that it is usually looked upon as a very marked sign of anæmia. Furthermore, any solution of a pathological problem which determines any question with scientific accuracy is of value, apart from all questions of practice. The habit of investigation which it develops cannot be too highly prized or cultivated.

The most commonly received explanation of this phenomenon is, that it is due to a change of relation of the consistence of the blood to the walls of the vessels. Admitting that it is produced in the veins, Dr. Watson, following Ogier Ward, says, "The sound, though continuous, has often a marked and regular increase or swell, which keeps time with the heart's systole, and is believed to depend upon the pulsating pressure of the contiguous artery." Dr. Tanner cautions against attaching too much importance to it, as "it may be detected, though probably in a less degree than in anæmia, in the great majority of healthy individuals, and almost always in children and young women."

Recent investigators in France have called in question the theory that this murmur is due to the condition of the blood in any way, and have offered a new explanation of it. At a meeting of the Société Médicale des Hôpitaux, held on the 22d of March, 1867, and reported in the *Union Médicale*, M. Parrot made the following communication upon the subject:—

"From the time of Laennec it was generally admitted that the vascular murmurs of the neck are produced in the carotid, until, thirty or more years since, Ogier Ward, of Birmingham, demonstrated that they are seated in the veins. This opinion, adopted and developed by Hope, introduced into France by Aran, has to-day numerous adherents among us. Accepting it as sufficiently established, we propose to consider only the mode of production of these sounds, a question much more discussed, and which has received, up to the present time, only unsatisfactory answers.

"The murmurs, authors say, are caused by the friction of the blood against the walls of the vessels in individuals whose blood has lost its viscosity. Poiseuille and other physiologists have demonstrated that the friction theory is inadmissible, and we know to-day that murmurs exist in many people who are not anæmic. This theory, which rests on so poor a foundation, must be abandoned.

"In order to get at the truth, it seems advisable to consider the facts together. In the first group we will place those in which the heart presents nothing abnormal, but we perceive in the neck the two arterial sounds, with an intermittent murmur and a pulsation in the internal jugulars. These last two phenomena being isochronous, succeed the second sound and immediately precede the first. They are produced at the moment of the contraction of the auricle and of the reflux of the blood from this cavity into the veins, passing into the external jugular with a pulsation and into the internal with a *bruit*. It is easy to see that the state of the circulation in this last vessel is eminently favorable to the formation of a murmur. There is, in fact, on a level with the opening of the vein, a narrowing without complete obstruction, on account of valvular insufficiency, above

which the pressure is less than below, where the blood is subjected to the influence of the auricle while contracting. There must necessarily, then, be found a current in the blood, the vibration of which produces a murmur.

"In a second group of facts the same state of things occurs, with this modification, that the murmur continues with reduplication. Now careful observation shows that this sound may be divided into two parts: one, the most intense, corresponds to the intermittent murmur above mentioned; the other is due to the vibration of a venous current which is formed at the moment when the blood which has accumulated in the internal jugular passes into the vena cava, where the pressure is relatively diminished. We see from this, that, contrary to the general opinion, the cause of the reduplication of the *bruit de diable* is in the venous circulation and not the arterial.

"The continuous murmur, without reduplication, differs in nothing from the preceding, except in the weakening of the stronger portion, which can no longer be distinguished from the second.

"In a third group there exists, more than in the second, a tricuspid, heart murmur, and in the external jugular two pulsations, of which one is isochronous with the systole of the auricle and the other with that of the ventricle; which proves that the blood is twice, and successively, driven back from the cardiac cavities into the veins, whence it receives a new reinforcement, which, immediately following the first, is confounded with it.

"As will be seen, we have made no account of the composition of the blood. It is sufficient, in order to produce cervical murmurs, that the valves of the internal jugular be insufficient, which occurs very frequently, as anatomy shows.

"These murmurs cannot, then, be considered pathological phenomena; they should not be regarded as symptomatic of a morbid condition, except when they are accompanied by a purring vibration (*frémissement cataire*) and a tricuspid murmur.

"M. Peter had made investigations at the hospital *des Enfants* with regard to the vascular sounds of the neck and their mechanism, and had arrived at the same conclusions as M. Parrot with regard to the symptomatic value of these sounds. He had come to the positive conclusion that it is not the organic condition of the blood, but that of the vascular walls, which produces morbid sounds. Laennec, in order to explain the *bruits de souffle* which are heard in the region of the neck in hypochondriacs, attributed it to spasm of the vessels. M. Peter was inclined to accept this explanation, which agrees well with the fact that, in the same individual, we may hear these sounds, and fail to find them after a short interval. On the other hand, in anæmic persons, in a state of deep cachexia, they may be completely wanting."

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#### OBITUARY.

DIED, at Providence, R. I., on the 23d ult., of apoplexy, Dr. SAMUEL BOYD TOBEY, aged 61 years. From the papers of that city, we learn that he was born in Maine, but went to Providence when a boy. He was educated for the medical profession, and entered upon a practice which soon became large and successful, in that city. A part of the time he was a partner of Dr. Mauran, whose pupil he had been. If ever a man was made for a physician, Dr. Tobey was. To a thorough knowledge of his profession and a natural adaptedness for it, he

added a gentleness of manner and a kindness of heart which won the affection and inspired the confidence of his patients. Most of them were exceedingly unwilling to give up his attendance, when he relinquished practice and devoted himself to his own business and to the care of a large landed estate that had been entrusted to him. He was equally successful in commercial as in professional pursuits, and aided to build up several most prosperous mechanical establishments. His counsel was much sought in matters of business, and was always given with readiness, with fidelity, and to the benefit of those who applied for it.

Dr. Tobey was long an approved minister of the Society of Friends. While he held to the tenets of his peculiar faith, with all the strength of religious conviction, he entertained a most liberal and catholic spirit towards other denominations; and while especially interested in the religious and in the temporal affairs of his own, he rejoiced in the prosperity of every form of genuine Christianity. He was a valuable and efficient officer of the Friends' Yearly Meeting Boarding School. The Rhode Island Hospital was largely indebted to his efforts. He was a member of the Board of Trustees and Chancellor of Brown University, and an active and liberal, although not always conspicuous supporter of the chief institutions of practical benevolence around him. He was a warm personal friend of the late Francis Wayland, with whom he was often associated in religious and benevolent enterprises.

At a special meeting of the Providence Medical Association, held on the 24th ult., the President, Dr. George L. Collins, announced the death of Dr. Tobey, and paid a feeling tribute to his many admirable qualities as a physician and a man. We regret that we have not space to publish Dr. Collins's remarks in full, as well as those of Dr. J. W. C. Ely, who followed him. The subject of their eulogy was most worthy of the testimony which his professional brethren bore to his great excellence. Drs. Clapp and Robinson also addressed the Society with similar language of affectionate regret and respect. The following preamble and resolutions were reported by a committee to whom the duty had been assigned:—

The members of the Providence Medical Association, having received the announcement that Dr. Samuel Boyd Tobey departed this life at his residence in this city, on the 23d day of June, 1867, desire to express their regard for the character of their late associate, and their grief at his sudden death. They therefore adopt the following resolutions:—

*Resolved*, That this Association sincerely laments the loss of one of its oldest members, who in his retirement from active practice retained a warm interest in the welfare of his younger brethren, and in the profession which he had long followed with so much devotion and success.

*Resolved*, That we desire to bear testimony to the traits of character by which he had attained a position of eminent usefulness and distinction in this community—to his unflinching kindness and courtesy, his conscientious fidelity, industry and promptness in all the numerous duties laid upon him, and his admirable executive abilities.

*Resolved*, That we offer to the family of our deceased friend the assurance of our sincere and respectful sympathy.

*Resolved*, That we will attend the funeral of the deceased, as an Association.

*Resolved*, That these resolutions be communicated to the family of our late friend, and be entered on the records, and published in the daily newspapers.

Dr. Caswell moved that the resolutions be adopted, and added a few words expressive of his warm admiration and respect, and mentioning incidents of his

great professional devotedness. Remarks were also made by Drs. Gardner and Parsons. The resolutions were unanimously adopted, and the Society attended the funeral in a body.

The services were held in the First Baptist Church in Providence, which had been tendered to the Society of Friends. They were conducted according to the rites of the Friends, several of whom took part in them. Prayers were offered by Susan Howland and Rachel S. Howland, both of New Bedford, which were followed by brief addresses from the former and from Ellen Griffith, of Ohio, who closed with a fervent prayer. Dr. Sears, President of Brown University, next spoke in eulogy of the deceased, testifying to the rare combination of many virtues which had made his character so remarkable. The following gentlemen acted as pall bearers:—Rev. Barnas Sears, Robert H. Ives, Dr. George L. Collins, William A. Robinson, Henry L. Kendall, Benjamin Buffum, William S. Pat-ten and Rufus Waterman.

Resolutions of respect to the memory of Dr. Tobey have been adopted by the contributors to the Providence Dispensary at the annual meeting of that institution, by the Board of Managers of the Home for Aged Women, and by the Commissioners of the Dexter donation. Rhode Island has lost one of her ablest, wisest and best citizens.

---

*Alterative Laxative Pill.*—In our issue of June 20th, we published a communication relating to a formula for an “alterative laxative pill.” We were not then aware of the antecedents of the druggist whose preparation of the remedy was mentioned in the communication. We should be among the last to take up and recommend any one who had been expelled from the Pharmaceutical Association. We do not, however, question the good faith of the physician whose name is signed to the article referred to. P.

---

*Cure of Ovarian Cysts without Operation.*—The author introduces his subject by carefully stating that no one could be less easily convinced than himself of the efficiency of any method of treating ovarian dropsy except by ovariectomy. Two cases were, however, cured by him without operation. He classifies the remedies employed into—1. Preparations of gold, especially the oxide, in doses of 3-100ths to 7-100ths of a grain; 2. Analeptics and tonics, as Vichy water, iron, quinine, &c.; 3. Abdominal friction, with iodides of lead and potassium; 4. Diuretics, also applied by friction, chiefly squill, digitalis and nitre; and, 5. Graduated compression of the abdomen by elastic bandages. The gold was prescribed in the pleasantest form of tablet prepared with chocolate, and the frictions were made over all the body with soft woollen cloths soaked in tinctures of squill and digitalis, by which, it is worthy of note, marked diuresis was caused. The first case was of an unmarried woman, forty-three years old, with a large, probably unilocular cyst of the right side, which had existed for four years. Under the above treatment, the tumor disappeared in a month, and there were no symptoms of a recurrence of the disease three years afterwards. In the second case, a young girl of twelve, with a large multilocular cyst, was treated on the same principle; improvement occurred in fifteen days, and a cure, which promises to remain permanent, was produced in six months. Dr. Courty mentions having seen this disease in a still younger patient, under the charge of Prof. Simpson, of Edinburgh.—*Edinburgh Medical Journal* for June, from *Revue de Thérap. Méd.-Chir.*

---

NITRO-GLYCERINE may be deprived of its liability to explode at the slightest shock, by adding to three parts of this explosive compound one part of methy-line. It can then be transported any distance, in any manner, without the least

danger. To restore its original explosiveness it is only necessary to add an equal quantity of water to decompose it. On shaking it the nitro-glycerine is easily separated, the methylene combining with the water.

The grand fête of the Kourban-Beiram has recently been held at Mecca, and the report is that thus far no contagious disease has appeared among the numerous pilgrims assembled on that occasion. The Governor-General of the Hedjaz and the Grand Sheriff of Mecca had taken all necessary sanitary precautions, adopting the hygienic measures recommended by the International Sanitary Conference at Constantinople. It will be remembered that the last epidemic of cholera in Europe had its starting point from Mecca, the disease being transported by the returning pilgrims to Alexandria, from which it spread in various directions.

In the recent war between Prussia and Austria, 164 officers and 2,573 soldiers of the Prussian army fell on the field of battle; 120 officers and 2,881 soldiers died subsequently of their wounds, making 5,738 in all; 562 officers and 14,730 soldiers wounded, recovered. What a fearful mortality! exclaims the *Union Médicale*; and attributes it largely to want of care on the part of the government for the lives of its soldiers, in engaging in war without any adequate sanitary organization for their relief.

The statistics of the French Minister of War show that 6,773 conscripts were exempted, during the ten years from 1852 to 1862, for stammering.

The day following his election as member of the Academy of Sciences, M. Nélaton received at St. Cloud, from the hands of the Prince Imperial, the insignia of Grand Officer of the Legion of Honor.

Jäger, the distinguished German oculist, recently died at Vienna, aged 84 years.

The *Union Médicale* announces the death of M. Civiale, the celebrated lithotritist, who was the first to do lithotritry on the living body. He died at the age of 75 years, an Associate Member of the Institute, Honorary Member of the Academy of Medicine, Officer of the Legion of Honor, &c.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 29th, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	39	27	66
Ave. mortality of corresponding weeks for ten years, 1856—1866	35.9	34.5	70.4
Average corrected to increased population	00	00	78.39
Deaths of persons above 90	0	0	0

**CORRECTION.**—In our last number, p. 429, in the heading of the first case in the Records of the Boston Society for Medical Improvement, for "with severe symptoms," read *without severe symptoms*.

**COMMUNICATIONS RECEIVED.**—A note from Dr. Charles M. Carleton, of Norwich, Conn., was received too late for insertion this week.

**BOOKS RECEIVED.**—A Practical Guide to the Study of the Diseases of the Eye: their Medical and Surgical Treatment. By Henry W. Williams, M.D. Cantab., &c. Boston: Ticknor and Fields. 1867.

**DEATHS IN BOSTON** for the week ending Saturday noon, June 29th, 66. Males, 39—Females, 27. Accident, 2—*anemia*, 2—disease of the brain, 4—*bronchitis*, 2—*cancer*, 1—*cholera infantum*, 1—*consumption*, 15—*convulsions*, 1—*croup*, 1—*diarrhœa*, 1—*dropsy*, 2—*dropsy of the brain*, 1—*drowned*, 1—*exposure*, 1—*scarlet fever*, 3—*typhoid fever*, 2—*disease of the heart*, 2—*hernia*, 1—*infantile disease*, 2—*indigestion*, 1—*disease of the kidneys*, 1—*congestion of the lungs*, 1—*inflammation of the lungs*, 4—*marasmus*, 1—*old age*, 1—*paralysis*, 1—*premature birth*, 1—*rheumatism*, 1—*smallpox*, 4—*disease of the spine*, 1—*tumor*, 1—*unknown*, 3.

Under 5 years of age, 17—between 5 and 20 years, 15—between 20 and 40 years, 17—between 40 and 60 years, 9—above 60 years, 8. Born in the United States, 48—Ireland, 15—other places, 3.

# MEDICAL JOURNAL ADVERTISING SHEET.

**ALBANY MEDICAL COLLEGE.**—The next Course of Lectures in this College will commence on the first Tuesday in September, and continue sixteen weeks.

Materials for dissection are abundant, and furnished to students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which students are admitted free of charge.

Clinical Lectures are delivered in the Hospital three days in the week. Surgical Cliniques are held regularly in the Hospital and College.

## PROFESSORS.

**ALDEN MARCH, M.D.,** Principles and Practice of Surgery.

**JAMES McNAUGHTON, M.D.,** Theory and Practice of Medicine.

**JAMES H. AINSBY, M.D.,** Descriptive and Surgical Anatomy.

**JOHN V. P. QUACKENBUSH, M.D.,** Obstetrics and Diseases of Women and Children.

**JACOB S. MOSHER, M.D.,** Chemistry and Medical Jurisprudence.

**S. OAKLEY VANDERPOOL, M.D.,** General Pathology and Clinical Medicine.

**JAMES E. POWFRET, M.D.,** Physiology.

**JOHN V. LANSING, M.D.,** Materia Medica.

**JACOB S. MOSHER, Reg'r.**

Ap. 11

## GUIDE FOR THE MEDICAL BATTERY.

"A Guide-Book for the various Medical Batteries," being a compendium from his larger work on *Medical Electricity and Nervous Diseases*, by **ALFRED C. GARRATT, M.D.** It illustrates a variety of modern and improved apparatus, as well as new methods and Rules for the scientific employment of electricity in the treatment of nervous affections. It is a small book, but full of practical matter. Published by Lindsay & Blackiston, Philadelphia, and for sale by E. P. Dutton & Co., at 135 Washington Street. It is an 8vo. of 180 pages. Price, \$2. Jan. 10-1y.

## GARRATT ON MEDICAL ELECTRICITY.

A work on *electro-physiology, and electricity as a therapeutic*, with practical reference to practical medicine, by **A. C. GARRATT, M.D.,** Fellow of the Mass. Med. Soc., &c. This (*the revised third edition*) is probably the most comprehensive work on this whole subject of *medical electricity and nervous diseases* to be found in any language. It is an 8vo. of 1000 pages and 100 engravings, published by Lippincott & Co., Philadelphia, and for sale by E. P. Dutton & Co. at 135 Washington, corner of School Street, Boston. Price, \$6. Jan. 10-1y.

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## BOYLSTON MEDICAL PRIZE QUESTIONS.

—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:

<b>EDW. REYNOLDS, M.D.</b>	<b>J. MASON WARREN, M.D.</b>
<b>JOHN JEFFRIES, M.D.</b>	<b>D. H. STORER, M.D.</b>
<b>S. D. TOWNSEND, M.D.</b>	<b>CHAS. G. PUTNAM, M.D.</b>
<b>J. B. S. JACKSON, M.D.</b>	<b>MORRILL WYMAN, M.D.</b>
<b>HENRY J. BIGLOW, M.D.</b>	

At the annual meeting of the Committee on Wednesday, June 3, 1887, it was decided that no dissertation had been presented on either of the questions proposed, that was worthy of a prize.

The following questions are proposed for 1888:

1. The Physical and Mental Influences of the United States and Canada upon Immigrant European Races.
2. Question of the Contagiousness of Asiatic Cholera in the United States.

The author of the best Dissertation on either of the subjects proposed for 1888, will be entitled to a premium of one hundred dollars.

Dissertations on these subjects must be transmitted, post paid, to John Jeffries, M.D., on or before the first Wednesday in April, 1888.

The following are the questions proposed for 1889:

1. Food in Disease, acute and chronic. Its variety, advantages, dangers, and relation to appetite.
2. The surgical treatment of Hemorrhoids; and the surgical treatment of Fistula in Ano, with its result.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1889.

The author of the best dissertation considered worthy of a prize, on either of the subjects proposed for 1889, will be entitled to a premium of one hundred and fifty dollars.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President, John Jeffries, M.D., in a legible hand-writing, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1886, the Secretary was directed to publish annually the following votes:

- 1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.
- 2d. That in case of publication of a successful Dissertation, the author be considered as bound to print the above vote in connection therewith.

**J. MASON WARREN, Sec'y.**

Publishers of Newspapers and Medical Journals throughout the country are respectfully requested to notice the above.

Je. 12-cow3t

## KENT'S METALLIC NIPPLE SHIELD AND CAOUTCHOUC TEAT

is recommended to the medical profession, especially to accoucheurs, as furnishing the only perfect mechanical substitute adapted to all cases of excoriated and retracted nipple.

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**DR. W. H. PRINCE,** late Superintendent and Physician of the Northampton Lunatic Hospital, continues to give special attention to mental disorder, and will receive a limited number of cases for personal care and attention at his residence in Northampton.

Dec. 16, 1885.

## MEDICAL JOURNAL ADVERTISING SHEET.

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Je 27—tt.

**WANTED**.—The first six volumes of the Boston Medical and Surgical Journal will be received at this office at the original price, on credit for subscriptions. Other volumes are also becoming scarce, and a fair allowance will be made for them. Subscribers and others having odd volumes on hand, will do well not to sacrifice them without first offering them at this office.

Je 27

**DARTMOUTH MEDICAL COLLEGE, Hanover, N. H.**—The seventy-first Annual Course of Lectures will commence on Thursday, August 1st, 1867, and continue three months.

*Faculty of Medicine.*

Rev. ASA D. SMITH, D.D., LL.D., President.  
DIX CROSBY, M.D., Prof. of Surgery, Obstetrics, and the Diseases of Women and Children, and Librarian, Hanover.

EDWARD E. PHILIPS, M.D., LL.D., Prof. of Theory and Practice, and Pathological Anatomy, Windsor, Vt.

ALBERT SMITH, M.D., Prof. of Materia Medica and Therapeutics, Peterborough.

OLIVER P. HUMPHREY, M.D., LL.D., Prof. of Chemistry and Pharmacy, New Haven, Conn.

EDMUND R. PEASELEE, M.D., LL.D., Prof. of Anatomy and Physiology, New York City.

ALPHEUS B. CROSBY, A.M., M.D., Associate Prof. of Surgery, Hanover.

JOHN OGDONIAUX, M.D., LL.B., Lecturer on Medical Jurisprudence, New York City.

LYMAN B. HOW, A.M., M.D., Demonstrator of Anatomy, Manchester.

Fees payable in advance. For the course, \$70. Matriculation, \$5. Graduation expenses, \$20.

ALBERT SMITH, M.D., Sec'y.

Those wishing for further information, will please apply to the Secretary, addressing him at Peterborough, N. H.

May 6—cont to Aug. 1.

**THE NEW APPARATUS FOR TREATING DISEASE OF THE NASAL PASSAGES.** A current of water or other liquid is made to enter either nostril and return by the other, thereby bringing it in contact with every part of the nasal passages. Prices, \$2.50 to \$3.50.

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**A** STATED MEETING of the Medical Faculty of Harvard University, for the Examination of Candidates for the Degree of Doctor in Medicine, will be held at the Massachusetts Medical College, North Grove Street, on Monday, July 8, 1867, at 3 o'clock, P.M.

GEORGE C. SHATTUCK, Dean.

June 20—3t

**DRS. WEBBER & TWICHELL**, Surgeon Dentists, 228 Washington Street, Boston. Nitrous Oxide Gas administered to patients when necessary and proper.

N. B. Drs. W. & T. do only the finest quality of dentistry.  
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A4

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**CUTLER RETREAT FOR NERVOUS INVALIDS, PEPPERELL, MS.**—Dr. JAMES S. N. HOWES, for many years associated with the late Dr. Cutter, still continues in charge of this Establishment. He can receive into his family a few additional patients, and will devote himself specially to their care and comfort. Dr. H. is permitted to refer to

Dr. Tyler, of the McLean Asylum.  
Dr. N. B. Shurtleff, Boston.  
Jas. J. Walworth & Co., Jos. Breck & Son, Boston.  
Dr. Jas. M. Stickney, Pepperell.  
Je 26—tt.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

**Whole No. 2054.] Thursday, July 11, 1867. [Vol. LXXVI. No. 23.**

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**THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.**—The Forty-Third Winter Session of Lectures will commence on Monday, the 14th of October, with a General Introductory Lecture by Prof. Gross. The regular lectures will begin the day after. The Session will terminate on the last day of February.

**CHARLES D. MEigs, M.D.,** Emeritus Professor of Obstetrics and Diseases of Women and Children.

**Institutes of Medicine, &c.,** by Prof. ROBLEY DUNGLISON, M.D. (Dean).  
**General, Descriptive, and Surgical Anatomy,** by Prof. JOSEPH PANCOAST, M.D.  
**Institutes and Practice of Surgery,** by Prof. SAMUEL D. GROSS, M.D.  
**Practice of Medicine,** by Prof. S. HENRY DICKSON, M.D.  
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**Materia Medica and General Therapeutics,** by Prof. JOHN B. BIDDLE, M.D.

**Lecturer on Clinical Medicine,** J. M. DA COSTA, M.D.  
**Adjunct Professor and Demonstrator of Anatomy,** WM. H. PANCOAST, M.D.

To enlarge still more the already abundant opportunities for *Clinical Instruction*, a Clinic will be held daily at the College—the Surgical Department being conducted by Professors Gross and Pancoast; that of the Diseases of Women and Children by Professor Wallace; and the General Medical Clinic by Dr. J. M. DaCosta. The lectures are so arranged as to permit the student to attend the Clinics of the Pennsylvania Hospital, and the Philadelphia Hospital.

**Fees.**—To each Member of the Faculty—as in all the schools of Philadelphia and New York—\$20. . . . . \$140  
 Graduation Fee, . . . . . 30  
 Matriculation Fee, . . . . . 5  
 July 11—11

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**MEDICAL INSTITUTION OF YALE COLLEGE.** Winter Session, for 1867-68.

The Fifty-Fifth Annual Course of Lectures begins on Thursday, Sept. 12th, and continues seventeen weeks. Distinct courses of lectures will be given in the following departments: Theory and Practice; General Chemistry; Obstetrics and Diseases of Women and Children; Materia Medica and Therapeutics; General and Special Anatomy; Surgical Pathology; Practical and Demonstrative Surgery; Histology and Microscopy; Physiological Chemistry and Toxicology and Physiology.

**Lecture Fees,** \$97 50; **Matriculation Fee,** \$5; **Demonstrator Ticket,** \$5; **Graduation Fee,** \$25. The Summer Session for 1868 commences Wednesday, Feb. 12th, and continues five months and a half, with a vacation of two weeks in May.

Daily recitations are held in the above Departments; in addition to which, Practical Chemistry is taught by systematic work in the Laboratory, and Histology and Pathology by the use of the Microscope.

Clinical Instruction, both Medical and Surgical, is given regularly throughout the year.

**Fees for the Summer Session,** \$60; contingent expenses of Laboratory, \$10. Payment for each session required in advance.

An examination is held and degrees are conferred at the close of each session.

For annual Circular, giving further information address the Dean of the Medical Faculty,  
 PROF. C. A. LINDBLEY,

Yale Med. Institution, New Haven, Ct.  
 Jy11—2ms.

**DR. W. H. PRINCE,** late Superintendent and Physician of the Northampton Lunatic Hospital, continues to give special attention to mental disorder, and will receive a limited number of cases for personal care and attention at his residence in Northampton.

Dec. 18, 1865

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ALBERT SMITH, M.D., Prof. of Materia Medica and Therapeutics, Peterborough.

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Fees payable in advance. For the course, \$70. Matriculation, \$5. Graduation expenses, \$20.

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May 6—cowtoAug.1.

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Roxbury, Mass.

Roxbury, Oct. 26, 1885.

# College of Physicians and Surgeons, Corner 23d Street and Fourth Avenue, New York.

## ANNUAL ANNOUNCEMENT.

SIXTY-FIRST SESSION — 1867-68.

THE Regular Course of Lectures for the Session of 1867-68 will commence on Monday, the 14th of October, 1867, and will continue until early in the following March. This course will consist of from five to six Daily Lectures in the various departments of Medicine and Surgery, both elementary and practical, together with Daily Clinical Lectures, delivered both at the College and at the larger Hospitals.

### FACULTY OF MEDICINE.

EDWARD DELAFIELD, M.D., President, and Emeritus Professor of Obstetrics.

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T. GAILLIARD THOMAS, M.D., Professor of Obstetrics and Diseases of Women and Children.

JOHN T. METCALFE, M.D., Professor of Clinical Medicine.

HENRY B. SANDS, M.D., Lecturer Adjunct on Anatomy.

FREEMAN J. BUNSTEAD, M.D., Lecturer on Materia Medica and Venereal Diseases.

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It is the Plan of Instruction adopted at this Institution, Clinical Teaching constitutes an important and prominent feature, all the practical subjects treated of in the Didactic Course being fully illustrated at the bedside. In the furtherance of this object, the extensive hospitals of New York, of which the New York Hospital, the Bellevue Hospital, the Charity Hospital, Blackwell's Island, and the New York Infirmary, are the largest and most efficient, furnish ample fields for instruction and study. To all of these the Faculty of the College resort for the purposes of practical instruction, Cliniques being held daily in one or more of them—at the Bellevue Hospital by Professors CLARK, PARKER, METCALFE, THOMAS and SANDS—at the New York Hospital by Professors PARKER, MARKOE and SANDS—at the Charity Hospital, Blackwell's Island, by Drs. BUNSTEAD and MASON—and at the New York Eye Infirmary by Dr. BUNSTEAD and SANDS.

Besides the Clinical Lectures given at the Hospitals, as above, there are six Cliniques each week at the College Building, viz.:

A *Surgical Clinique*, by Prof. MARKOE, every Monday, at 12 M.

An *Ophthalmic Clinique*, by Dr. C. R. AGNEW, every Tuesday, at 3 P.M.

A *Surgical Clinique*, by Prof. DETMOLD, every Wednesday, at 2 1-2 P.M.

A *Medical Clinique*, by Prof. CLARK, every Thursday, at 12 M.

A *Clinique for Diseases of the Skin*, by Dr. WM. H. DRAFER, every Thursday, at 3 P.M., and

A *Clinique for Women and Children*, by Professor THOMAS, every Friday, at 3 P.M.

There will be also a *Clinique for Diseases of the Eye*, by Dr. H. B. SANDS, at the Eye Infirmary, every Wednesday, at 11 1-2 P.M.

During the regular Winter Session, Dr. Sands will deliver a special Course of Lectures at the College, on the Anatomy, Physiology, and Diseases of the Eye. This course will be didactic in its character, and will be illustrated by the Clinique to be held weekly at the Eye Infirmary.

In *Practical Obstetrics*, each advanced student in the College has one or more cases assigned to his exclusive care, and may thus become practically familiar with this important branch, in all its details. Should any abnormal or difficult case occur, the student has the privilege of sending for the Professor of Obstetrics, who then takes charge of the patient and embraces the opportunity of giving clinical demonstrations of the most approved method of treatment.

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Material for dissection is supplied in abundance, and at a very low rate; so that every student can go through with a thorough course of dissection.

There are also abundant facilities, connected with the College, for the pursuit of special studies, by *Private Courses*, under competent instructors, and for *Private Examinations* on the subjects treated in the public lectures, of which the student may avail himself, as his inclination and advantage may dictate.

### Matriculation Fee, \$5.

Fees for the full Course of Lectures by all the Professors, \$140. For each separate ticket, \$30. Ticket of the Demonstrator of Anatomy, \$10. Graduation Fee, \$30.

The Tickets are expected to be taken out at the beginning of the Session.

Students who have attended two full courses in this College, or who, having attended one full course in some regularly established medical school, shall subsequently attend one full course in this College, are admitted to a third course of lectures on paying the matriculation fee only.

Graduates of this school are admitted without fee. Graduates of other regular schools who have been in practice three years, and *Theological Students*, are admitted on general ticket, by paying the matriculation fee.

Letters requiring information should be directed to the Secretary of the Faculty, College of Physicians and Surgeons, corner of 23d Street and Fourth Avenue, New York.

Students are requested, on their arrival in the city, to call at the College and register their names with the Janitor, Mr. Denham, who will give them all necessary information, and aid them in obtaining board.

Jy18—e.m.31.

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**S. M. COLCORD**, having retired from the firm of **S. M. Colcord & Co.**, and being now associated with **T. Metcalf & Co.**, takes this occasion to thank his old friends and customers for their liberal patronage in the past, and assures them that no efforts will be spared in the future to retain their confidence and to meet their wants—with his present improved facilities—as well in regard to quality and price of goods, as to the general advancement of all that relates to Pharmacy and an orderly drug business.

JULY—Mf.

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Je 27—tt.

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*Elixir Valerianate Ammonie and Quinine,* (a new remedy for neuralgia, proving highly successful), and numerous other preparations, for description of which send for circular.

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It is used with great success for *Dyspepsia, Gastralgia, Slow and Difficult Digestion* following fevers, and also for *Consumption* and other *Chronic Disorders*. *Debility of the Stomach* from old age or abuse of liquors is relieved by it, and it is invaluable as a corrective of *Vomiting during Pregnancy*.

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## MEDICAL JOURNAL ADVERTISING SHEET.

# Bellevue Hospital Medical College, City of New York.

### SESSION OF 1867-68.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1867-68, will commence on Wednesday, September 18th, 1867, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, exclusively by members of the Faculty. Students desiring to attend the Regular Session are strongly recommended to attend during the Preliminary Term, but attendance during the latter is not required.

THE REGULAR SESSION will commence on Wednesday, October 16, and end about the 1st of March, 1868.

THE SUMMER SESSION for 1868 will commence on the second Wednesday in March, and continue twelve weeks. This term will embrace courses of didactic lectures by the members of the Faculty of the Summer Session, together with clinical lectures at Bellevue Hospital, and the Charity Hospital, Blackwell's Island, and the daily recitations. Lectures will also be given by members of the College Faculty.

### FACULTY OF THE COLLEGE.

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and Diseases of Women and Children, *President*.

JAMES R. WOOD, M.D., Prof. of Operative Surgery and Surgical Pathology.

FRANK H. HAMILTON, M.D., Prof. of Military Surgery, Fractures and Dislocations, and the Principles of Surgery.

LEWIS A. SAYRE, M.D., Prof. of Orthopedic Surgery.

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W. H. VAN BUREN, M.D., Prof. of Diseases of the Genito-Urinary System.

GEO. T. ELLIOT, M.D.,

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STEPHEN SMITH, M.D., Prof. of Descriptive and Comparative Anatomy.

AUSTIN FLINT, M.D., Prof. of the Principles and Practice of Medicine.

R. OGDEN DOREMUS, M.D., Prof. of Chemistry and Toxicology.

AUSTIN FLINT, Jr., M.D., Prof. of Physiology and Microscopy.

WILLIAM A. HAMMOND, M.D., Professor of Diseases of the Mind and Nervous System.

N. R. MOSSELEY, M.D., Demonstrator of Anatomy.

J. W. SOUTHACK, Jr., M.D., Assistant Demonstrator of Anatomy.

### FACULTY OF THE SUMMER SESSION.

HENRY D. NOYES, M.D., Professor of Ophthalmology, and Dean of the Summer Faculty.

J. LEWIS SMITH, M.D., Professor of Morbid Anatomy.

FOSTER SWIFT, M.D., Professor of Diseases of the Skin.

Prof. W. H. VAN BUREN, M.D., Lecturer on Diseases of the Genito-Urinary System.

Prof. R. OGDEN DOREMUS, M.D., Lecturer on Animal Chemistry.

Prof. AUSTIN FLINT, Jr., M.D., Lecturer on Microscopical Anatomy.

Prof. GEORGE T. ELLIOT, M.D., Lecturer on the Diseases of Children.

Prof. WILLIAM A. HAMMOND, M.D., Lecturer on Diseases of the Nervous System.

A distinctive feature of the method of instruction in this College, is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. The union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons in the great Charity Hospital on Blackwell's Island.

### FEES FOR THE REGULAR SESSION.

<i>Fees for tickets to all the Lectures during the Preliminary and Regular Term, including clinical lectures</i> .....	\$140 00
Tickets for any of the several departments may be taken out separately	
Matriculation Fee .....	5 00
Demonstrator's Ticket (including material for dissection) .....	10 00
Graduation Fee .....	30 00

Students who have attended two full courses in other accredited schools, receive all the Tickets for \$70 exclusive of the Matriculation fee. Students who have attended two full courses in this College, or after one full course in this College, having previously attended a full course in some other accredited school, are required to matriculate only. Graduates of other accredited schools, after three years, dating from the time of graduation to the end of the term, are required to matriculate only; prior to three years, they receive a general ticket for \$70.

### FEES FOR THE SUMMER SESSION.

Matriculation fee (valid for the succeeding Winter Session) .....	\$5 00
Fee for each of the separate courses of lectures .....	10 00
General ticket admitting to all the lectures .....	50 00
Graduates of the Bellevue Hospital Medical College will be admitted to the lectures of the Summer Session on the Matriculation ticket; all others will be required to take out tickets.	
The dissecting-room will be kept open until about the first of May.	
Payment of Fees is invariably required at the commencement of the Session. There are no exceptions to this rule.	

Students on arriving in the city are requested to report at once at Bellevue Hospital, situated on the East River, between 26th and 28th Streets, and inquire for the Janitor of the College, who will take pains to aid them in securing comfortable accommodations without delay. Entrance to the Hospital is on 26th Street.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College, Prof. AUSTIN FLINT, Jr., Bellevue Hospital Medical College.

For information concerning the Summer Session, address the Secretary of the College, or Prof. HENRY D. NOYES, No. 68 Madison Avenue, Dean of the Summer Faculty.  
July 18—Oct. 1—*cow*.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXXVI.

THURSDAY, JULY 11, 1867.

No. 23.

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THE RELATION TO GENERAL MEDICINE OF THE DISCOVERIES AND  
ADVANCES OF OPHTHALMOLOGY DURING THE LAST DECADE.

MESSRS. EDITORS,—The following remarks of Prof. August Rothmund, of Munich, show so clearly the relation to general medicine of the discoveries and advances of ophthalmology during the last decade, that for the benefit of your readers I have translated them from the *Vienna Weekly Medical Journal* for Feb. 26, 1867.

Respectfully yours,

B. JOY JEFFRIES.

When any great and remarkable discovery has been made in some one department of natural science, history shows that it has always had a permanent and reforming effect upon the allied branches. And we find, also, in medicine, that when particular parts of the science are at times cultivated, a favorable impulse is given to the others. In the following *résumé* I shall endeavor to show how the recent advances in ophthalmology may be turned to account in general medicine, and looking for this purpose at the separate parts of the eye, it will be readily seen that the very latest discoveries deserve from general medicine the fullest consideration.

Let us commence with the retina and optic nerve. A true knowledge of the diseases of these organs dates back to the invention of the ophthalmoscope, as it is only by the help of this instrument that the retina and optic papilla can be seen in the living human being. We may regard the retina as an outpost of the brain, a portion projected to the surface, completely open to observation. We can, moreover, see the entrance of the optic nerve, the only one of the nerves of sense exposed to view in the living organism. It naturally, therefore, occurred to the observer, soon after the invention of the ophthalmoscope, that certain central affections would cause material alterations in the optic nerve and retina, and allow us to deduce from them the nature of the cerebral affection. At the very first, attention was called to the whitish, tendon-like color of the optic papilla following cerebral amaurosis; soon, also, it was seen that encephalitis

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and meningitis, especially the basilar forms, could be readily connected with neuro-retinitis, in which the nerve is swollen and the retina often hyperæmic, infiltrated and cloudy. It is, however, cerebral and orbital tumors which especially produce, by pressure on the optic nerve, changes in its histological condition. In such cases, the ophthalmoscopic appearances are, the so-called mechanical hyperæmiæ of the papilla (tortuous, swollen veins, prominence and grayish discoloration of the papilla, often associated also with hæmorrhagic collections in the retina). In the *meningitis cerebro-medullaris* which lately visited some parts of Bavaria, a blindness not unfrequently occurred, in which the ophthalmoscope showed neuro-retinitis and diffuse retinitis, with sometimes plastic, sometimes purulent exudation, often connected with paralysis or with subsequent irido-choroiditis.

Important as are these objective conditions in cerebral diseases, the subjective appearances in the eye deserve equal attention, and among these especially the manner in which the field of vision is contracted in commencing blindness. Since attention has been carefully directed to this latter, namely, in commencing amblyopia, and not only the acuteness of vision but the perceptive power of the peripheral parts of the retina been noted, we have very greatly advanced in the precise diagnosis and prognosis, and also arrived at a rational starting point in the treatment of these diseases. To mention a striking example, it has long been known that many affections of the brain are associated with hemiopia; we know also that the optic nerve fibres cross at the chiasma, and although there is still much dispute in reference to the method and manner of the decussation, and the course of the separate fibres is not yet fully known, yet it is quite clear that the right optic tract sends one portion of its fibres to the *right*, and a considerable also to the *left* eye. It is likewise true that the fibres from the *right* tract going to the *right* eye run principally on the outer side of the right optic nerve, and those which go to the left eye are on the inner side of the optic nerve. There is an analogous condition of the fibres from the left optic tract, i. e., the right optic tract supplies the right half of both eyes, whilst the left is supplied by the left optic tract. From this anatomical relation, it may be readily clinically deduced that in those forms in which the external field of vision on both sides is defective, and correspondingly the two *internal* halves of the retina not sensitive, the difficulty, whether a tumor, exudation or extravasation, must lie in front of the chiasma; moreover, that in hemiopia, when the right or left halves of the retina are incapable of transmitting impressions, the corresponding right or left optic tract being affected, the difficulty must be behind the chiasma.

In Bright's disease, the changes in the retina deserve attention. Landouzy, Frerichs and others had long ago noticed the marked trouble of vision in this disease. But these early observers attri-

buted it to imbibition of urine, whilst the invention of the ophthalmoscope has proved material changes in the retina so characteristic of the affection, that cases not unfrequently occur in which the trouble in the kidneys is dignosticated solely by these alterations. The ophthalmoscope shows us white or dirty white opacity of the retina, first around the optic papilla. The peripheral edge of this opacity appears in many cases irregular, jagged, terminating in small white detached spots. The vessels are gradually surrounded by this white exudation, so that only portions of them are visible. The nerve generally appears swollen and projecting. Groups of white points are seen in the region of the macula lutea connected together by prolongations. Besides these we have larger or smaller retinal ecchymoses. We may therefore consider the disease a retinitis apoplectica recurrent and insidious, causing change of tissue in the parts affected. Subjectively the patients complain of weak and clouded vision, the field exhibiting interruptions rather than contraction. Although there is no doubt of the connection between the shrinking of the kidneys and the retinitis, yet each affection is somewhat independent of the other, in that the retinal changes and accompanying difficulty of vision may partly or wholly disappear, whilst the trouble with the kidneys progresses. Although amblyopia accompanying morbus Brightii is generally dependent upon retinal difficulty, yet cases occur where the dimness is due to uræmic imbibition. Retinal trouble comes not only with diffuse nephritis, but also with amyloid degeneration, as Traube and Beckmann have shown; in the majority of the cases, also, disease of the heart may be found, namely hypertrophy of the right ventricle.

The so-called *retinitis pigmentosa*, characterized by deposit of black pigment in the retina, causing slowly progressive contraction of the visual field, and with appearances of hemeralopia leading nearly always to blindness between the 40th and 50th year, deserves here our attention, since Liebreich has shown that the disease especially affects children of parents who are blood relations (40–50 per cent.). I noticed long ago that this affection was seen almost exclusively among the Jews, which is now readily explainable by the frequent marriage among them of blood relations. Irregularities in the retinal vessels are found moreover in disease of the heart, in anæmia and leukæmia; and whilst in the former the veins especially are dilated and varicose, in anæmia and leukæmia there is such a lack of blood as to produce dimness of vision. I reported a case a few years ago, where sudden blindness having been caused by anæmia, I succeeded in restoring sight by paracentesis of the globe. A. von Graefe, Jun. obtained the same result in a similar case by iridectomy. —Apoplexies of the retina are not uncommon, either spontaneous or traumatic, or finally accompanying inflammations. Although absorption takes place rapidly and vision quickly returns after the sudden blindness, yet the prognosis of apoplexies is very grave, as they are



only too often the forerunners of subsequent *cerebral* apoplexy. I can recall several people who had consulted me for scotoma in the visual field or sudden partial or complete blindness, and shortly afterwards died of apoplexy; retinal apoplexies, therefore, deserve our fullest consideration. Embolus of the main trunk or a branch of the central artery and consequent complete blindness or contraction of the field of vision has been often noticed, and in rare cases the gradual disappearance of the plug very perfectly observed with the ophthalmoscope.

In secondary syphilis, also, we find affections of the retina, and if the appearances in this retinitis are not perfectly characteristic of syphilis, yet the ophthalmoscope shows with certainty that the retina may be affected in secondary syphilis without the choroid participating. The prognosis in such cases is quite favorable, and I have generally seen in the majority of cases a complete restoration of vision in from six to eight weeks under an antisiphilitic treatment. Zehender says correctly: "Idiopathic affections, especially inflammations of the retina, are very rare. The large majority of all retinal diseases are rather due to interruptions to the general health, namely, irregularities in the circulating system, heart or kidney troubles, syphilis, &c., or they occur from local changes or injuries in the choroid or vitreous. Whilst modern ophthalmology in opposition to the old school has sought to group the forms of the diseases of the eye in accordance with their anatomico-pathological appearances, and do away with names drawn from the dyscrasiæ which were their presumptive cause, we return, especially in retinal diseases, back again to the school of dyscratic ophthalmic diseases. Experience with the ophthalmoscope has convinced us, and each day more clearly, that certain retinal affections dependent upon general disease may appear so characteristic that the latter can be safely diagnosticated by ophthalmoscopic examination. Such experiences, where the ophthalmoscopic result gives almost positive symptoms of the general affection, lead naturally to a nomenclature which cannot neglect the close connection between the local ophthalmic disease and the general malady." There are, nevertheless, cases of blindness in which the objective appearances on the brain and in the optic nerve are negative, and we are reduced to very doubtful etiological data. I would recall here amaurosis from the abuse of tobacco (nicotine amaurosis), lead disease, after the use of quinine, in disturbed menstruation, hæmorrhages of the stomach, suppressed habitual hæmorrhages and other excretions. It is interesting to notice, also, that cerebral amaurosis is much more frequently observed in men than women.

As to the choroid, the majority of its affections are not associated with derangement of the general system, and are therefore to be omitted from our résumé. That the choroid is frequently affected in syphilis has been long known, not, however, that it participated in every inflammation of the iris. A peculiar form of choroiditis, known

under the name of disseminate, is regarded by many as a positive sign of secondary syphilis, which I however much doubt, as I have had several cases in individuals where no thought of syphilis could be entertained, and who showed no other symptoms of the disease. *Tubercular* infiltration of the choroid has been mentioned by Manz and Jäger. The tubercles appear as grayish white round bodies, of the size of a linseed to that of the diameter of the papilla and over, sharply cut against the fundus, and appearing in large groups; they are always observed in connection with general miliary tubercle, and where, therefore, the diagnosis lies between typhus and miliary tubercle, this fact may be of importance to the pathologist.

In this connection, I would make a few remarks with regard to the *relation of glaucoma to arthritis*. It is a recognized fact that glaucoma occurs principally in arthritic persons; the older authors, therefore, in time of the general crases school, called it choroiditis arthritica. Modern times have shown glaucoma to be an extended inflammation of all the internal organs of the eye, dependent upon venous hyperæmia, coming on with marked increase of intraocular pressure, leading to excavation of the optic papilla, and showing a great tendency to degenerative atrophy of the parts within the globe. This view that glaucoma is principally due to increase of intraocular pressure has led, as we know, to the remedy for this heretofore incurable disease; for by iridectomy we can, as von Graefe has proved, lessen the pressure. Although we have regarded glaucoma as a local process, the local treatment employed being most completely triumphant, yet it remains nevertheless very noticeable that the arthritic person is especially attacked, and it seems probable that some peculiar relation must exist here. I think that the cause is the condition of the sclerotic; all fibrous membranes are, in arthritic people, by deposit, rendered more firm, harder, inelastic, and thus in such an inelastic sclera the slightest choroidal congestion increases the pressure within the eye; whilst in a more yielding membrane a transient congestion is equalized by stretching. A proof of this may be that in young persons with elastic sclerotics glaucoma does not occur; moreover, in myopes, where, as we know, the sclera is thin and bulges posteriorly, and is therefore more yielding, glaucoma is much more seldom observed than with emmetropes and hypermetropes.

Another disease has been described under the name of choroiditis *pyæmica*. Namely, cases of purulent ophthalmia in the course of purulent fevers; for example, in puerperal women with childbed fever, formerly called metastasis of milk. This disease begins most generally with a choroiditis and rapid deposit of exudation in the vitreous, quickly followed by panophthalmitis, and ending, if death does not sooner occur, in an atrophy of the globe. To these remarks on affections of the choroid I may add, that all inflammations of this membrane are much more dangerous than those of the retina; the reason being that the retina is readily loosened by exudations, or

at least the basilar layer adjacent to the choroid is altered, whilst retinal exudations, even when considerable, protrude into the vitreous, and may then become absorbed without further damage.

In choroidal diseases we saw that certain processes are not only to be referred to so-called dyscrasiæ, but that mechanical alterations had also great influence upon them; now in reference to inflammations of the iris this is still more marked. It is well known that these frequently occur in patients with syphilis, and more especially the pustular form. Yet with this disease the iritis is not so characteristic that we can determine from it alone the dyscrasia in question. It is certain that there is scarcely a disease which relapses so readily and so frequently as this, and the old practitioners are right, therefore, in referring the cause of the repeated iritis to the continuance of the syphilitic affection. Yet for the majority of cases this is not quite true, since we know that in iritis the exudation primarily and principally affects the edge of the pupil, producing therefore very readily adhesions between the anterior capsule and the iris at its pupillary margin, so-called synechiæ. As now the iris consists of movable muscles, such attachments must cause constant stretching, producing irritation, inflammation, new adhesions, and so closure or obliteration of the pupil. Proof that this purely mechanical condition, and not the present dyscrasia, causes such inflammations is, that an iritis once having caused adhesion readily recurs, the oftener and the quicker, the broader and more numerous these adhesions. Moreover, inflammations of the iris which do not leave synechia rarely relapse; finally, when we, by freeing these connections by operation (iridolysis), or cutting out a piece of the iris (iridectomy), prevent the injurious stretching, further relapses do not occur. Hence the primary therapeutical indication in iritis is frequent use of atropine drops, either to prevent, if possible, the synechia, or if it has occurred, to loosen it by treatment or operation.

Careful observation of the transparent media of the eye, the cornea, lens and vitreous humor, gives us important data in reference to diseases of the general system. First of all in the *cornea*, inflammation is not alone dependent upon the presence of the vessels, and hence keratitis is worthy of special study. By the name of neuro-paralytic keratitis, is understood a suppurative inflammation of the cornea occurring after section of the trigeminus nerve in animals. Similar suppuration of the cornea has been seen in man in cerebral disease, principally intra-cranial tumors. The symptoms are, rapid clouding of the cornea, sudden deep necrotic ulceration, causing its complete destruction. Hence it has been supposed that the fifth nerve stood in direct relation with the nutrition of the cornea. Later experiments by Snellen and Donders have given another interpretation. According to them, the destruction of the cornea depends upon its insensibility after section of the trigeminus, so that no external foreign bodies, as dust and hairs, &c., are felt and therefore lie

upon it; moreover, accidental blows, scratches, &c., are not perceived. From this irritation the inflammation of the cornea proceeds. If, after section of the fifth nerve in an animal, we sew the lids together and thus protect the cornea, this destruction takes place very slowly. blows of course not being prevented; sewing the long ear of the rabbit, supplied by other sensitive nerves, over the eye after section of the trigeminus, will, according to the above authors, entirely prevent the destruction.

Winther, who has made extended experiments in this direction, says, 1st. Sewing a protection of muscle or skin over an eye whose trigeminus has been cut, prevents inflammation and opacity so long as it remains. 2d. After loosening or removing the cover, the inflammatory symptoms appear; more slowly and milder the longer the time after section of the trigeminus. According to Winther, these two facts, that after section of the trigeminus (1) inflammation of the eye always occurs upon exposure to the air; (2) inflammation never occurs when the eye is protected, seem adapted to throw some light on affections resulting from cold, and will be perhaps points of departure in experimentation upon what is called the rheumatic diathesis. Cases of this keratomalacia have been seen in epidemic cerebro-spinal meningitis. Niemeyer records several cases in which a keratitis commenced with injection and muco-purulent conjunctival secretion from the eye, leading in a few days to keratomalacia and hypopion, and refers it to a purulent basilar meningitis extending to the neurilemma. Schirmer, on the other hand, explains this circumstance by the traumatic injury to the cornea from insufficient closure of the lid, the patients in their comatose condition not closing the eye completely, so that dust and other foreign bodies can enter the palpebral aperture unhindered. We may in the same way explain ulceration of the cornea in typhus, tuberculosis and meningitis, without having to assume an injury to the 5th nerve. Whether the corneal disease which is comparatively frequently associated with the exophthalmos in the severer degrees of Basedow's disease, is due to the lack of protection and moisture, is still doubtful. Yet the course of the affection, as Græfe has observed, resembles the keratitis after section of the trigeminus, assisted perhaps by the stretching of the ciliary nerves from the rapid displacement of the point about which the eye turns, or compression of the nerves by distended vessels, or hypertrophy of the adipose cellular tissue. The favorable result from enlarging the palpebral aperture in this disease seems to support this view.

The causes in general of the frequent *opacities of the lens* have not yet been discovered, as we have no dyscratic influences to refer cataracts to, or local influences, except direct injury, and over-exertion of the eyes; von Walther's proposed theory of inflammation also meets with no general acceptance, although since, lately, Virchow has taught that inflammation may occur in a nonvascular organ or one

which derives its support from a distance, Donders has observed some very acute anomalies of nutrition in the lens. It can only be safely said that opacity of the lens occurs frequently after long continued choroidal disease; I would simply mention here the frequent occurrence of posterior polar cataract in staphyloma posticum or excessive degrees of myopia. A remarkable fact is the relative frequency of cataract in diabetes, and also the appearance of cataract zonularis, so called lamellar cataract, in children with rachitic dental structure, hydrocephalic heads, or those who have had frequent convulsions. Arthritis does not seem to stand in any direct relation to cataract. Since we have been able to recognize a commencing cataract with the ophthalmoscope, all reports of curing cataract by internal remedies, such as mercury, iodine, antimony, &c., have gradually disappeared from literature. That the lens becomes harder with increasing age and therefore the near point of the eye recedes, is a fact long known; not so, however, that this, in the normal eye, is so progressive a process that from the number of the glass used for near work the age of the individual can be determined, as has been shown by Donders.

With the same right as with the lens, we may speak of an inflammation of the *vitreous*, a hyalitis; this is, however, connected with inflammation of the retina and optic papilla. The exudations are sometimes purulent, sometimes of fibrous character, and often so excessive as to displace a greater part of the vitreous. Cysticerci in the vitreous excite our special attention here. It would seem as if they came in to the vitreous after perforating the retina, and their origin was in the latter or the choroid. Since we know from Siebold, Küchenmeister and Leuckart, that the general cause of the presence of chains of tapeworm and cysticerci, is the use of raw flesh, we can understand why these parasites are so commonly observed in North Germany, whilst they are but rarely met with in South Germany.

The *conjunctiva* affords us much worthy of observation in reference to affections of the general system, since the crasis theory has been dropped and the affections of this membrane have been classed according to the laws of inflammatory products. With the exception of trachoma, an affection peculiar to the mucous membrane of the eye, we find in the conjunctiva the ordinary processes of mucous membranes, such as catarrh, blennorrhagia, diphtheria and herpes in the so-called syndesmitis phlyctænulosa; and this division is of great value, since in each of these inflammations different remedies are known to be beneficial. For instance, the caustics almost abort blennorrhœa of new-born infants, whilst in diphtheria they only do harm, and I cannot understand how they are useful in diphtheria of other organs, for instance the fauces and larynx. Military ophthalmia is now generally conceded not to be a specific disease, but partly a catarrh, partly a blennorrhœa, generally though a trachoma, and caused in the majority of cases by the over-filling of badly ventilated localities.

The diseases of the *muscles* of the eye have special interest for the neuropathologist, for commencing cerebro-spinal trouble very often first makes itself known by difficulty in the ocular muscles, and double vision is often the first symptom of the disease. Complete oculomotorius paralysis we may refer to a cerebral cause, whilst partial paralysis very rarely can be done so. I may recall in this connection the crossed double images of drunken persons, and the divergence of the optic axes in chloroform sleep. We know that very various affections of the brain may produce such paralysis of the oculomotorius, but syphilis seems to be a very frequent cause. According to von Graefe's observation paralysis of accommodation with mydriasis is sometimes the forerunner of mental affections, especially when the former is transient, frequently recurring and affecting the two eyes alternately. The so-called diphtheritic paralysis is still more interesting here, occurring often after diphtheria of the fauces and causing especially paralysis of accommodation, occasionally combined with paralysis of the soft palate and cesophagus. This paralysis comes on always a few weeks after the cure of the local diphtheritic affection. Very little is known in regard to the nature and causes of this paralysis, as Nagel says, we do not even know whether they are central or peripheral. On the one hand it is thought that the alteration in the mixture of the blood associated with the general disease, causes morbid processes in the central organs of the nervous system; on the other hand many cases of unilateral paralysis with unilateral throat affection speak for a local extension of the trouble from the periphery; finally, Zenker, who has seen the same degeneration of the muscles in typhus and in diphtheria, attributes a myopathic origin to diphtheritic paralysis. Müller's hypothesis seems to be little supported, namely that the frequent paralytic ocular affections are due to the extension of the morbid process from the palatine nerves, through the nervous filament running from the sphenopalatine to the ciliary ganglion, which filament Hyrtl considers fibrous. As we know, the course of diphtheritic paralysis of accommodation or of the muscles of the eye is favorable, and followed in a few weeks by complete restoration. (Nagel.)

We have thus reviewed all the separate parts of the eye, and seen how each is associated with affections of the general organism.

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#### A REMARKABLE CASE OF TOXHÆMIA STRIKINGLY SUGGESTIVE OF GLANDERS.

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[Communicated for the Boston Medical and Surgical Journal.]

UNDER this caption, I propose to report a unique case of blood-poisoning, which I think is well worthy of a place in your JOURNAL. Its origin was so obscure, the peculiar manner of introduction of the

disorganizing agent so mysterious, as were also its accompanying phenomena, that I prefer to give a simple detail of its prodroma and cropping out, and allow my professional brethren to form their own deductions and assign it its proper place in the pathological table. I am not one of those who believe in the generation of new diseases, nor am I willing to admit even a "change of type" in the old. In many cases that are veiled in doubt and obscurity, the *modifying influence* may be discoverable in the previous history of the patient. As to acute febrile disorder, whatever be the morbid agent, when it varies much in the expression of its peculiar phenomena, we are at a loss for information fixing its specialty. This in large measure is attributable to our want of more definite knowledge of the condition of the blood and of the secretions which attends these acute disorders. Unquestionably the field of research lies in the fluids of the body, and our hope of advance will never be realized till the handmaids of medicine, microscopy and chemistry, come to our relief.

In the present state of our knowledge we are compelled to wait for days to elapse before we can say this is a case of syphilis, of small-pox, of typhoid fever. Shall we always labor under these disadvantages? always be compelled to wait for the cropping out? wait for expressive blossoms? wait till the fermentative process has impressed the zymotic action on every blood-cell, fibre and constituent of the body? This is not the worst of it; if the cropping out is tardy or irregular, our perplexity increases, and we feel more than ever chagrin over our ignorance and incapacity. Unquestionably the finer part of medicine has yet to be learned.

If the subjoined case was one of pyæmia, then I must confess that there were certain irregularities in its manifestations that I had never seen before. If it were one of transmitted glanders, its prodroma were most unusual and significant.

On April 30, 1867, I was called to see Robert F., aged 20, clerk. Complained of severe pain in the calves of his legs. Had taken a walk several days previously of five or six miles, and had felt badly ever since. His pulse was nearly natural; skin comfortable; secretions all well performed. The parts were very painful on pressure, but were not discolored or much swollen. I believed it to be a case of simple myositis from over-exercise, and ordered rest and Dover's powder, with quinine three times a day.

The next day he pronounced himself better, though his legs were still sore and painful, and he was unable to walk upon them. After limping about the house on crutches for four or five days, he got worse, and sent for me again. His calves were now hot and tender, and appeared more swollen than when last seen, though there was no erysipelatous blush of the skin. The left was more painful than the right. His pulse was soft, and beating 90 to the minute; tongue a little furred, and his appetite not so good as it had been; no motion from the bowels for two days; skin and kidneys secreting very

well. Gave saline purgative and applied wet cups to his legs; when removed, to have them swathed in hot flannel saturated with Fleming's tinct. rad. aconiti. To have half a grain of opium and two grains of quinine every four hours. Milk diet.

May 10th.—Rested well last night, and the pain in his calves much relieved. Complains this morning of *soreness* all over him, particularly in his forearms and hands, the backs of which are puffed, and there is an erysipelatous blush along the middle metacarpal bones, with tenderness on pressure, as if their periosteum was involved. Pressure upon all the long bones gave him pain. Pulse 110, and a little sharp; skin dry; tongue furred; complained of headache and of general distress. The case, as it now stood, was exceedingly obscure—none could be more so. Ordered antimonial saline mixture to relax his skin and establish the secretions. Milk diet.

11th.—Did not rest well last night, though he had taken a large Dover's powder, with morphine. Skin very hot and dry; tongue dry and brown in the middle; pulse 130, very full and hard; hands and forearms very much swelled; the erysipelatous blush had extended over the hands, and the left elbow was red, swollen and painful; the bridge of the nose was red. On looking at his feet they were found discolored above and a little puffed. Abdomen tympanitic. No motion from his bowels. Urine *copious* and high colored. I now became alarmed for the safety of my patient. It was quite evident some powerful irritant was introduced into the circulation, but what it was puzzled me in the extreme. Thinking over the blood poisons, I began to suspect pyæmia, but where was the nidus? I again re-examined his calves, but could find nothing suspicious in their appearance. I thought they seemed a little full, but the man had a fleshy leg. I *thoroughly* examined them, and was still in doubt. I thought one of them a little too pendulous, and believed I had discovered *fluctuation*.

I took another physician to see him, but he could discover nothing to throw light upon the case. I made an exploratory puncture into the more suspicious looking calf at its most pendulous portion, but after burying the point of the instrument upwards of an inch nothing but thin blood flowed out of the wound. I now carried it down nearly its whole length, when it suddenly jumped into a cavity. Dark-looking blood and pus welled up through the opening. Making a free incision, large firm black coagula, swimming in a dark fluid formed of disorganized blood and ill-looking pus were extruded. Quite a quantity was discharged. The left calf was treated the same way with the like result, though the collection did not lie so deeply, nor was the quantity so large as in the right leg. The case, then, was one of pyæmia, which had its foci at the hæmorrhagic points, but whether the immediate result of local phlebitis or dependent upon absorption of a peculiar irritant generated at those points could



not be told. But *after* the bad collections had been evacuated the constitutional irritation did not subside; however, this does not settle the point at issue, since it has been fully demonstrated by cases of accidental *inoculation*, that pyæmic irritation does not depend upon the *quantity*, but rather the *quality* of the absorbed poison; and moreover, has the same power of propagation or reproduction, as has smallpox or any other of the zymotic poisons; else how could be explained those fatal cases of inoculation which every now and then occur? As to its transmissibility, pyæmia producing pyæmia, I can not speak, as I do not know that there are any cases on record.

A calomel purge was given him, and as he complained of so much pain the opium was increased as soon as he had an evacuation. He took pulv. opii gr. i., quin. sulph. grs. iss., made into pill; one every two hours. Iced lemonade and iced milk were given freely. He had no nausea, and ate whatever was given him. He was very anxious to have something left for him to make him sleep at night. To-day he was quite nervous and had an anxious look.

12th.—Slept better last night, but his general condition not improved: pulse 135; not hard as it was yesterday; had many stools, light colored, thin, not offensive. The left side of his nose and left upper eyelid were very much swollen; his head did not hurt him much. His joints were closely inspected, but with the exception of his left elbow, none of the larger joints were affected. This was swollen and painful. His hands and forearms were very much swollen, and an erysipelatous blush had spread over the dorsum of his feet, which were a little cedematous. On the right arm midway of its external aspect, a considerable quantity of matter had collected: a similar abscess was also found over the right fibula, and one at the lower part of the left calf near the fibrous expansion of the tendo-Achillis. Same treatment continued.

13th.—Patient disposed to wander; nose much swelled and left eye closed; a blush of inflammation extended down the right side of the nose. Numerous *pustules* had made their appearance over the chest, and a collection of matter was felt near the nipple: at numerous other points small abscesses could be felt. No irruption had occurred in the large joints, which were again carefully examined. Had many evacuations from the bowels, which were of typhoid character, and very offensive. General condition of the patient pretty much as yesterday. Treatment continued.

14th.—Always dozes after taking a pill, but wanders more than he did, and is constantly moving his hands about. His right eye is now closed and he can see no one, yet recognizes familiar voices, and speaks intelligently when addressed by name. A thin straw-colored secretion is running from his right nostril; his whole body is dotted with pustules, and several very large ones are to be seen about his neck. His nose is enormously swollen, and several erosions of the skin (which is very purple), have taken place on its left side,

permitting a view of the thick cheesy matter that distends the whole substance. There is some difficulty in swallowing, the fauces appearing to be involved. Pulse 135, and not so strong as yesterday; it is losing power; bowels very loose and discharges foetid; skin gently moist; tongue furred and nervous. Urine liberal in quantity, high colored. He is very nervous and desires frequently to change his position.

15th.—He can scarcely swallow; the sides of his neck are swollen; his face is miserably disfigured by the swelling of his nose and eyes, which is increased by dark incrustations upon his upper lip from the secretions from his nose.

His pulse is quite feeble, and dark bullæ have made their appearance among the pustules: his bowels are still loose and the discharges fetid. Some of the abscesses have disappeared from under the integument, but others have made their appearance at different points. The tops of some of the pustules have been rubbed off, leaving hard red bases. On the morning of the 17th, two days after, the man died. Died of what?

May I be excused for expressing a doubt, and suggesting that the closing scenes of this case more closely resemble those of glanders than they do of pyæmia. I am inclined to this opinion upon this ground: that whilst there are no pathognomonic symptoms of pyæmia, yet there is a series of occurrences or events, which attend the pyæmic condition; and however variable this class of cases may be, yet one or more of these symptoms will generally be present, viz.: rigors, profuse sweats, an icterode appearance of the skin, rapid emaciation, rapid respiration. I have never seen a case of pyæmia in which all of these symptoms were absent. Now for the negative evidence: I have never seen a case of pyæmia that cropped out in pustules and affected the nasal cavities and the substance of the organ as in this case.

But there is a disease that does so affect the skin and the nose; it is glanders. Yet if we go into an analysis of this case, we shall not find those rigors, those *hideous, fetid sweats*, the *ulcers*, the *gangrenous spots* and *hard tubercles* so particularly described by those who have observed the ravages of the disease in the human subject, and on which so much stress is laid, particularly the "*hideous, foetid sweats*."

If the case was one of glanders, the patient did not acquire the disease by inoculation (for I was careful in ascertaining that fact), but must have *inhaled* the poison. When? Where? There are glandered horses in the town, and have been ever since their introduction by the United States cavalry during the war;—it seems impossible to get rid of them. Abandoned horses, broken down by hard usage and disease, having a chronic running from one nostril, which nearly dries up at times and encourages hope of recovery, then suddenly relapses; these horses, mostly owned by negroes and undoubtedly affected with chronic glanders, are at this time of year

running at large over the common and public roads. It is just possible that he acquired the disease from one of these animals. If he was so affected, its approaches or early manifestations were very insidious and obscure. Undoubtedly he had a hæmorrhage in the calves of his legs, which, after a week of local distress and inflammation, was followed by constitutional symptoms and blood-poisoning—this sounds very much like the story of pyæmia.

### Reports of Medical Societies.

VERMONT MEDICAL SOCIETY—SEMI-ANNUAL SESSION. REPORTED BY L. C. BUTLER, M.D., SECRETARY.

THE Vermont Medical Society held its semi-annual session at the Court House in Burlington, on Wednesday and Thursday, June 19th and 20th, 1867. The President being absent, the Society was called to order by Dr. H. D. Holton, Vice President.

The Board of Councillors met at 9 o'clock, A.M., June 19th. Upon recommendation of the Board, Drs. C. C. Smith of Gaysville, John Knowlton of Castleton, A. W. Styles of Sudbury, Chas. W. Peck of Brandon, and Wm. H. Giddings of Bakersfield, were elected members. By invitation, the members of the Society visited the Medical College at 11, A.M.

In the afternoon, papers were read as follows:—On *Pyæmia*, with cases, by Dr. S. T. Brooks, of St. Johnsbury. On *Chronic Diarrhœa*, by Dr. E. H. Pettengill, of Saxton's River; also one on *Foreign Bodies in the Air-Passages*, by the same. On *Septicæmia*, or *Blood-poisoning*, by Prof. Crosby, of the University of Vermont. The thanks of the Society were tendered to Dr. Crosby, and a copy of his paper requested for publication in their Transactions.

An address was then delivered by the Vice President of the Society, Dr. H. D. Holton, introducing as topics for contemplation, *Medical Education*, under which head, he suggested among other things, the need of some title which should indicate the standing of a scientific and regular physician, that of M.D. being adopted by irregular practitioners. He passed to the subject of *Criminal Abortion*, alluding to the alarming prevalence of the crime, to its dangerous consequences and effect on population; contrasting the small families of our native population with the larger ones of former times, and mentioning a district school, in the last generation, to which three families sent thirty children at one time, with a good reserve at home. He went on to consider the subject of *Insanity in Women*. This is commonly consequent on uterine derangement. For these cases proper treatment is not commonly afforded by our hospitals for the insane. Excellent as they are, they are a step short of the demand. The risks of conducting proper examination, from the perverted imagination of the patient, were alluded to; and the propriety of having a board of consulting examiners for each hospital, to be called in at the discretion of the superintendent, was suggested. He hoped the Society would take action leading to the formation of such a board for the Vermont State Asylum.

An interesting discussion followed, during which Dr. Warner, of New Haven, President of the Society, entered the Hall and took the chair. Dr. Hyde, of Hardwick, thought the portion of the address relating to abortion should be circulated throughout Vermont. There is great ignorance on the subject of the danger and wrong of the practice. Every physician has such applications to him, nine tenths of them from married women. The profession has a duty in building up a wholesome public sentiment on the subject.

Dr. Fassett, of St. Albans, thought a committee should be appointed to memorialize the Legislature on the subject, especially for preventing the circulation of the advertisements of abortionists and their medicines in the newspapers.

Dr. Stiles thought that if the profession was kept within bounds it would help much towards the object in view. The idea that the world would be peopled faster if the proper ends of marriage were more generally regarded, was a very good one; but on looking around him, he noticed as few children among the medical profession as out of it. He thought in this matter "Charity should begin at home."

Dr. Warner said his absence hitherto had been owing to attendance on a dangerous case resulting from the practice in question. He was glad to find the subject under discussion. No woman ever came to him but once to procure abortion. He always endeavored to show them the danger and wrong of such interference with nature, and in some cases had threatened exposure if he should discover that they had applied to other parties for the same end.

The discussion was further continued by Drs. Perkins, Keith and Harding, in the same general line of remark.

Dr. Keith, one of the delegates appointed to attend the examination of the graduating class in the Medical Department of the University of Vermont, made a verbal report, reserving a written report for the annual meeting in October. The number of students in attendance during the lecture term was 80; the graduating class, 24. The examination was rigid, critical, thorough, and highly satisfactory to the delegates, evincing close study and investigation on the part of the class, and a determination on the part of the faculty of the College to insist upon thorough attainments, and a high standard for graduation. The young men acquitted themselves nobly, nine of them taking the highest mark, and all passing a good examination.

Prof. Perkins presented a set of instruments for uterine dilatation, consisting of three dilatable rubber bags of graduated sizes, to which he had added a smaller size. He explained their use in the case of retained placenta, flowing, &c.

Mr. Tinkham, agent for Perkins, Stern & Co., had permission to present before the Society samples of California wines for their inspection, which he claimed were the pure juice of the grape, and valuable for medicinal purposes. The samples were highly appreciated.

#### SECOND DAY.

Upon the assembling of the Society the second day, the following resolution was offered by Dr. Goldsmith, and unanimously adopted:—

*Resolved*, That while the State Medical Society does not desire to regulate the prices of professional labor in the State, it is nevertheless fit and becoming in us to fix a scale of fees which in our judgment will

afford a rate of compensation reasonable and just to practitioner and patient.

Dr. Goldsmith then moved that, in the judgment of this Society, the following sums are a reasonable compensation for the services mentioned, as follows:—

For each visit within one mile, \$1; for each mile of travel, 50 cts.; for first consultation (mileage extra), \$5; for each subsequent consultation, \$3; for midwifery, \$10; for office consultation, \$1; for written advice, \$5; for examination of thorax, special, uterus or rectum, first time, \$5; for each subsequent examination, \$3; for vaccination, \$2. The motion was agreed to.

Prof. J. Perkins read a paper presenting observations intended to be preliminary to a series of communications upon *Diseases of Females*.

Dr. L. C. Butler presented a paper on the *Decadence of the American Race as exhibited in the Registration Reports of Massachusetts and Vermont; Causes and Remedy*.

Dr. Butler's paper reviewed the discussion on criminal abortion, and subsequently the whole subject was referred to a committee, consisting of Drs. L. C. Butler, M. O. Porter, and H. D. Holton, who were instructed to memorialize the Legislature of the State in regard to further legislation upon the subject of criminal abortion, and also in regard to vicious publications in newspapers and pamphlets. The committee were also instructed to place before the public a proper expression of the sentiments of this Society upon the subject presented in the papers read by Drs. Holton and Butler.

Prof. Perkins was appointed a committee to present resolutions for the consideration of the Society, upon the same subject.

Dr. C. M. Rublee, of Montpelier, read a paper on *Cataract*, detailing the history of six cases in one family.

Dr. J. N. Stiles presented the following resolution, which was adopted:

*Resolved*, That the Society tender their thanks to Mr. O. M. Tinkham for the samples of California wines presented from Perkins, Stern & Co., and that the Society heartily commend them to the profession of the State as well worthy of their confidence and patronage.

The Board of Councillors recommended, as a subject for discussion at the annual meeting, "*The Medicinal Springs of Vermont*," and appointed Dr. W. R. Hutchinson to read a paper on that subject. They also invited each member of the Society to present papers on any medical topic he may choose.

During the afternoon session Dr. F. W. Goodal, of Greensboro', presented specimens of mucous membranes which he regarded as coming from the bladder of a female patient under his care. Dr. Goodal gave a succinct history of the case.

Dr. Braley, of Chelsea, introduced the following resolution, which was adopted:

*Resolved*, That each member of the Board of Councillors be requested to furnish to the Secretary of this Society a complete census of the Physicians of his county.

Dr. Harding, of Grand Isle, read a paper on the *Topography and Diseases of Grand Isle County*.

[The closing proceedings of the second day's session will be given in our next issue.]

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, JULY 11, 1867.
 

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## MIND LIMITED BY MATTER.

THE brain is the organ of the mind. It is the great water-wheel in virtue of which the thoughts revolve. It is easy to conceive that through the brain the mind may interfere with the ordinary functions of the body, and the body react upon the mind. But, the materialists go further, and declare that thought is solely a function of the cerebrum—that intellectual operations are not merely attended by, but consist in, a secretion of cells in the nerve tissue. This doctrine does not belong especially to the medical profession. Though now, as we have lately stated, popular in the Parisian Medical School, it is not an outgrowth of that body, but is impressed upon it from without, being at present fashionable in Parisian society, where, with other forms of infidelity, it antedates the revolution.

To assert materialism, and its handmaid fatalism, is, as Dr. Holmes says, a very different thing from the “attempt to show the *limitations* of the self-determining power as forced upon our observations as students of nature.” In his remarks at the late festival of the Massachusetts Medical Society, Dr. Holmes in a few epigrammatic sentences strikes out generalizations which it would require volumes to illustrate. But we propose, in our small way and space, to speak of some of the limitations to which mind is subject in its union or marriage with the material world.

We need not look far for instances. To most of us, *practitioners of midwifery excepted*, an illustration comes every twenty-four hours. In the *sleep* of the body, shared by man with the brute creation, we see for a time abrogated—in abeyance—the will, the thoughts, and, happily for many, the sentiments. Pass to the waking state, and recollect the reactions of pregnancy on the female. In some the disposition seems, for the nonce, to be completely changed. She who was gentle, considerate, and patient with the faults of others, now becomes irritable, capricious, and needful of the utmost forbearance. Sometimes, ludicrously enough, the opposite change takes place, and she who was a shrew becomes a Sister of Charity. *Tartary* is replaced by Utopia. Again, the judgment is perverted. Despondency takes the place of hopefulness. Indeed, the *morale* is occasionally so far overturned that low propensities are developed. An irresistible inclination to theft breaks out in a person whose integrity, when she is in her normal condition, is above impeachment. And what is to the point, the subjects of these changes may be fully aware of them, lament them, and struggle powerless against them. In a word, the mind has been taken possession of by material influences—the *will* has been subjected to *matter*.

Perversion or impairment of the will is also very frequently witnessed in hysteria, a disease which is erroneously regarded by the uninformed as a pretence, or an affectation, when in fact the will is put forth only in that semi-mechanical way which we call emotional, as when the eyelid is closed upon the sudden approach of a solid body, or when screams are uttered at the bidding of pain. By applying a stronger emotion, as fear, we replace the hysterical convulsion or

trance by more normal action; or, by acting upon the imagination, we may relieve the will from the pressure of the morbid emotion. Hysteria, as we know, most frequently occurs in females, and is often associated with uterine disorder; or else, the functions of the generative organs being normal, these would seem to be too much for a weak frame. In either case, the nervous system gets out of gear, and matter sways the mind.

We have instances of our leading fact, when the mind, through the brain and sympathetic system, feels the disorder of the stomach in dyspepsia, and the "disposition" becomes unamiable; when the mental vision is distorted in delirium; when insanity inflicts upon us its living bereavement of our friends. In many cases of insanity the scalpel shows structural lesion of the brain itself. The manifestations of the so-called "mind diseased" are awry, because the central organ by which it is brought into relation with the material world, has been deranged.

An incontrovertible instance of the action in question is afforded in the production of mental perversions by the introduction into the body of certain drugs, such as opium, haschisch, &c. Here, it would seem, there is no escape from the conclusion that the mind is *materially* affected.

"Everybody knows," says Dr. Holmes, "that there are families where the children are born straight-grained, and families where they are born cross-grained." If it be objected here that, for aught we know, these favorable or unfavorable characteristics may reside primarily in, and be transmitted from, the "subtle essence" itself, instead of in the "grosser part," the case is different when we ascend to the origin of differences of national character as embodied in races and transmitted through successive generations.

"It is easy to conceive," it is remarked by Dr. Foissac,\* "how momentary and individual impressions may become constant and general. Suppose, what exists in fact, that there reigns in a given country *an atmospheric constitution capable of impressing upon the moral nature a certain tendency*, the inhabitants will be more or less affected by it; every habit of the moral nature, criminal or virtuous, fortifying itself by practice and example, will thenceforth take on an abnormal development. This disposition transmitted by heredity, and receiving, from the *constantly acting influence of the air*, continual nourishment, may become the moral type of a nation, and give a distinct physiognomy to the *national character*."

We see this exemplified in the short history of this country. The Northern and Southern States were peopled originally by the same race, though from different classes of society. The Puritans, a select band purified by persecution and self-sacrifice, though narrow in their ideas, transmitted indeed to their descendants in New England, and consecutively in the Western States, traditions, habits, manners and morals, different from those of the first settlers of the Southern States, whether we believe, with one party, that the latter were English cavaliers, or, with another party, that they were adventurers from a lower social stratum. But the essential point is that the American colonists—North and South—were of the same Anglo-Saxon stock. Apart, then, from the influence of differing institutions, traditional or adopted, how distinct is the physiognomy of the two sections! The one cool, calculating, persistent even to obstinacy, slow to take up, equally slow to put down, and impressed with a restless energy that never allows inaction while there is anything that can be done; the other open, impassioned, impulsive, enthusiastic, yet averse to exertion, save when necessity compels it. Here we have the effect of opposite climates. The Northern is bracing and stimulating to a degree that is scarce wholesome, and which is at once manifest to new-comers. The Southern is enervating in the extreme, a few years' residence in it being sufficient to tone down the energy of the most active Northerner. In what particular way it is brought about that, like the inhabitants of other southern climes, its people are also passionate and impulsive, we will not stop to inquire, but will note here the general fact as bearing on the subject we are discussing.

The British Channel separates nations differing greatly in climate, and quite

\* "De l'Influence des Climats sur l'Homme et des Agents Physiques sur le Moral."

antagonistic in character. Yet the English people were, in times past, made up largely by migrations from Germany, subsequently intermingled with their conquerors from Normandy. And, to show how rapidly climatic transformations take place, the French etymology of their names is, so far as we are aware, the only mark by which the descendants of French refugees (Huguenots and others) can be distinguished, mentally or physically, from the veriest cockney.

Now, from these and similar facts, some French materialists argue that since the mind is shown not to be completely independent of matter, therefore there is no such thing as "spirit" to be distinguished from material existence. This, as it seems to us, is entirely illogical. And, *per contra*, we hold that if independence of the *will*, even partial, can be shown, then materialism falls ignominiously to the ground. Thus, given an individual with low, materialistic propensities, implanted deeply in, and having strong hold of, his being, if, by his self-determining power, he overcome this lower nature, then in that case the independence of the will is fairly set up. It needs no extended knowledge of biography to produce such an instance. We are told of one who, though uncultured by Christian or even Jewish Revelation, had attained a purity, a gentleness, an integrity, a wisdom which would put to shame many a sincere Christian disciple. And yet, it is related, that "he was naturally of a licentious disposition, and a physiognomist observed, in looking in the face of the philosopher, that his heart was the most depraved, immodest and corrupted that ever was in the human breast." We have but to pronounce the name of Socrates, and materialism, by token of *self-mastery*, fades out of sight.

Take a different and more modern instance of one who, by sheer force of will, overcame the hindrances and trammels of a weak body, for purposes of merely political ambition. We cite the example of Cardinal Richelieu, who, as statesman, first moulding a weak king to his designs, reduced to subjection a powerful and factious nobility; while, on the other hand, he penetrated into the domestic affairs of a rival nation, and weakened its power by fomenting its intestine discords. He took advantage of circumstances, and bent them to his purpose of making his country powerful, and himself powerful with her. Such was Richelieu, not by reason of the *mens sana in corpore sano*, but through mastery (not the least of his victories) over a frail body, torn by pain and prostrated by disease, to the extent that he was carried on a litter to those august councils where he defied and triumphed over his enemies.

One more instance, nearer to us in time and space. Our admiring and grateful recollection brings to mind one who, with the hot blood of the South coursing in his veins, impulsive and impassioned, curbed his fiery temperament, till by a steady, persevering resistance, at which many of his Northern associates grew restive, he wore out the protracted efforts of a powerful empire to subdue a band of feeble colonies. At the same time, he resisted the pressure of public opinion among his countrymen, urging him to risk the fortunes of battle, and through much obloquy calmly held to that temporizing policy which won us ultimate victory and made us a nation. We look at the portrait of his later years and see *self-mastery* written out from within on every line of his countenance.

All history is filled with such illustrations of the triumph of the human will over animal propensities, physical weakness, and climatic temperament. Greatness in statesmanship and generalship, eminence in science or art, have, we take it, never been attained without similar victories—temporary or permanent—of the self-determining power over the lower or animal nature. Nay, ordinary success is obtained only in the same way. And, not to overstate the point, these phenomena are so contrasted with those of the ordinary functions of matter that we are forced to seek their origin in a different source from the "corporeal part."

Our position, however, has a still firmer foundation. We believe upon evidence; we are convinced by reasoning; but, we *know* only through *consciousness*. Now, we are conscious that, with certain limitations, we exert free will. And, it is too great a strain upon *common sense* to suppose that free will has anything in common with the properties or functions of matter.

We are well aware that we have but touched the threshold of this subject, but to go further would be to invade the province of the theologian.



MESSRS. EDITORS,—I noticed in the last issue of the Journal a letter from Dr. Arnold, in relation to the resolutions adopted by Dr. H. R. Storer's class, claiming that his name was appended without his authority, which is calculated to convey a wrong impression. As chairman of the committee who drafted the resolutions, and ordered them printed, it becomes my duty to explain how the mistake occurred.

I wish it to be distinctly understood that the fault, so far as any exists, is wholly mine, and that Dr. Storer knew nothing whatever of the matter.

Dr. Arnold, in his letter, would give the impression that he could not endorse the sentiments expressed in the resolutions; and persons unacquainted with the peculiarities of the gentleman might even doubt his having attended the lectures.

In relation to these points, I can state that Dr. Arnold was a member of Dr. Storer's class, and was apparently as enthusiastic as any of us; and further, that he expressed sentiments to me during the last half of the course, which were substantially the same as those contained in the resolutions referred to. He acquiesced entirely in my expressed opinion, that, at the close of the course, we ought to present Dr. Storer with a set of resolutions expressing our high appreciation of his lectures. It was on the strength of this, added to the belief of the class that the Doctor would feel slighted, and justly so, at being the only one whose name did not appear in connection with the resolutions, that I, by the advice of the others, Dr. Arnold being the only member of the class not present, affixed his name to the copies intended for the press. It was understood that one of our number, who was going to remain in Boston, should obtain Dr. Arnold's signature to the original paper, which he was instructed to present to Dr. Storer immediately thereafter; and in case Dr. Arnold should object, for any reason, to signing the paper, he was requested to notify the press of the fact before its publication. This duty, through press of business, or from some other cause to me unknown, has evidently not been performed. I doubt not that the Doctor has some good reason for his procrastination.

In conclusion, I beg Dr. Arnold's pardon for being guilty of supposing that the sentiments which he expressed to me were genuine. For his peace of mind, I would assure him that his name does not appear on the original paper, and that he will be saved the trouble of either placing it there, or refusing to do so; for, by virtue of the power given me by the class, I shall request the gentleman, to whose care the paper was entrusted, to present it to Dr. Storer as it at present exists, bearing the signatures of nine men who are not afraid to express their honest opinions publicly, even though they may be widely different from those of the profession at large.

Respectfully,

CHAS. M. CARLETON.

Norwich, July 1, 1867.

*Death of M. Trousseau.*—A heavy bereavement afflicts the medical brotherhood. TROUSSEAU died Sunday, the 23d of June, after several months of cruel suffering.—*Union Médicale.*

#### VITAL STATISTICS OF BOSTON. FOR THE WEEK ENDING SATURDAY, JULY 6th, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	28	36	64
Ave. mortality of corresponding weeks for ten years, 1856—1866	35.6	34.6	70.2
Average corrected to increased population	00	00	78.16
Deaths of persons above 90	0	0	0

DEATHS IN BOSTON for the week ending Saturday noon, July 6th, 64. Males, 28—Females, 36. Accident, 1—apoplexy, 1—disease of the brain, 2—burns, 1—cancer, 1—cholera infantum, 3—cholera morbus, 1—consumption, 9—convulsions, 2—debility, 3—diarrhea, 1—dropsy of the brain, 1—drowned, 1—exhaustion, 1—scarlet fever, 7—typhoid fever, 2—gastritis, 1—hæmorrhage, 1—disease of the heart, 2—homicide, 2—insanity, 1—disease of the liver, 1—inflammation of the lungs, 1—marasmus, 1—measles, 2—paralysis, 2—pericarditis, 1—premature birth, 1—puerperal disease, 1—purpura, 1—smallpox, 4—unknown, 3—whooping cough, 2.

Under 5 years of age, 28—between 5 and 20 years, 6—between 20 and 40 years, 19—between 40 and 60 years, 6—above 60 years, 5. Born in the United States, 46—Ireland, 15—other places, 3.

# MEDICAL JOURNAL ADVERTISING SHEET.

## STRUMATIC SALT—From Mineral Springs containing

### IODINE AND BROMINE.

Manufactured by the Pennsylvania Salt Manufacturing Company. We would bring to the notice of physicians the virtues of Strumatic Salt in the treatment of Scrofula and other kindred diseases.

It contains a considerable amount of Iodides and Bromides—combined with other salts such as Chlorides of Magnesium, Iron, Potassium, Sodium, and used in the form of baths, becomes a very acceptable substitute in diseases where their internal use is contra-indicated.

The Salt is prepared from the struatum of Salt-wells of the Pennsylvania Salt Manufacturing Company, and every attention has been given to their purity.

To show the great similarity of the salt which we prepare and now furnish to the public under the name of "Strumatic Salt" with the renowned German waters, those of Kreuznach, we give an analysis of both.

The analysis of the Kreuznach salt is taken from standard chemical works, and that of our Strumatic Salt is made by Dr. Otto Wuth, Analytical Chemist, of this city. In both cases the analysis relates only to the dry substance contained in the mother-liquors

Strum. Salt of Penn. Salt M. Co.	Kreuznach
Silica Sand,	0.0475
Chloride of Iron,	1.1465
" Barium,	0.3336
" Strontium,	0.0039
" Calcium,	57.9737
" Magnesium,	23.0823
" Sodium,	4.0360
" Potassium,	1.2785
Iodide of Magnesium,	0.1412
Bromide of Magnesium,	1.3116
Magnesia,	11.2629
Alumina,	0.0083
Phosphate of Aluminium, trace	0.3600

By comparing the above analyses together, it will be found that the Iodides and Bromides, which are considered the most active agents in all those waters, are in considerably greater proportion in our Strumatic.

The Strumatic Salt is packed in cases—each case containing 16 airtight iron boxes, filled with about 1 pound of the salt. For use, one or two pounds are dissolved in a bath with from two to four pounds of common salt.

It is confidently recommended to the attention of physicians for use in all such cases as are usually treated by these remedies.

Sold by Druggists generally.

MERRILL BROS., No. 215 State Street, Boston.  
REYNOLDS PRATT & CO., No. 106 Fulton St.

Wholesale Agents. New York.

Pittsburgh, Pa. D20—1y.

## SYRUP OF THE PHOSPHATES OF IRON, QUINIA AND STRYCHNIA.

This syrup presents the phosphates of iron, quinia and strychnia in an elegant form, giving one grain of phosphate of iron, one grain phosphate of quinia, and one thirty-second (1-32) of a grain of phosphate of strychnia in each fluid drachm. This syrup is made in accordance with the formula of Dr. Aitken, as given in the last edition of his "Practice of Medicine;" also in the New York Medical Journal of February, 1867.

Prepared by JOSEPH T. BROWN,  
Pharmacist,  
292 Washington, cor. Bedford St.

Apr. 25—tf.

**VACCINE VIRUS.** Warranted pure, fresh and reliable. Orders by telegraph or mail answered by return train, as follows: Ten quills, \$1.50; 1 crust, \$5. From nine, 10 quills or 1 crust, \$2. Also—Gordon's New Spring Vaccinator, for using the crust. Price, \$3.

CODMAN & SHURTLEFF,  
May5—tf 13 Tremont Street, Boston

CHARLES H. SPRING, M.D., has removed to  
No. 12 HARRISON AVENUE.  
Special attention given to the Treatment of Diseases of the Spine.

**DOUGLASS'S ARTIFICIAL LIMB**—Distinguished in their superiority for combining in the highest degree scientific and anatomical principles with the articulation of the natural limb, and possessing great strength with lightness and durability.

They are perfectly adapted to all forms of amputation.

Every limb is made first class, of the best material, and fully warranted.

They are recommended by the leading Surgeons.

Pamphlets with authorized testimonials sent free.

None genuine but those manufactured exclusively by the inventor, under his patent.

D. DE FORREST DOUGLASS,  
Burt's Block, Main Street,  
Springfield, Mass.

No connection whatever with inferior government legs. Mch 22—tf.

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CODMAN & SHURTLEFF, 13 & 15 Tremont Street—Boston, are authorized by me to act for the sale of my Artificial Limbs. Orders and measurements taken, and full information given by applying to them.

D. DE FORREST DOUGLASS.

Mch. 22—tf.

**VACCINE VIRUS—of WARRANTED EXCELLENCE.**—The subscriber continues, as for the past seven years, to pay special attention to the procuring and supply of Vaccine Lymph.

His vaccinations are made from two different "stocks," which he has found to be most perfect and energetic, that of Robert Geely, F.R.C.S., of Aylesbury, England, and that of the National Vaccine Institution, of London.

All material supplied will be from vaccinations, made by himself, of perfectly healthy infants, will be sent on the day the order is received, and, if by mail (as is recommended), postage free.

Every particle of lymph is warranted of perfect purity and reliability in all respects.

Should failure in any case follow its use, a fresh supply will be sent on notification within twenty days.

QUILL POINTS prepared in such a way that the lymph cannot chip off. Ten points, \$1.50.

ENGLISH IVORY POINTS, fully charged on both sides, in packages of ten points, \$2 per package.

CAPILLARY GLASS TUBES, of Dr. Hubbard's invention, hermetically sealed and filled with fluid lymph, \$2 each.

FILLSI CRUSTS, resulting from the desiccation of perfect vesicles, mounted in Gutta Serena so that they can be used without breakage or wast, \$3.

HENRY A. MARTIN, M.D.,  
Roxbury, Oct. 26, 1865. Roxbury, Mass.

DR. HEATON, 2 Exeter Place, Boston, continues to devote special attention to the "Radical Cure of Hernia, or Rupture," in all its forms (including not only reducible Hernia, but those cases heretofore considered irreducible). He also attends to the Cure of Varicose Veins, Hemorrhoids, Fistula, &c.

Apr. 6

DR. GEORGE B. HARRIMAN,  
SURGEON DENTIST,  
F7. Tremont Temple, Boston.

DR. EPHRAIM CUTTER, 13 Pemberton Square Boston.  
Office Hours.—8 A.M. to 12 M. daily. Sunday not in town.  
Jan. 19, 1866. Jan 25—tf

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Dec. 16, 1865

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Dr. N. B. Shurtlett, Boston.  
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Dr. Jas. M. Stickney, Pepperell.  
Je 28—11.

**DR. J. H. DIX** has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR  
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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2055.] Thursday, July 18, 1867. [Vol. LXXVI. No. 24.

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### DEPARTMENT OF MEDICINE AND SURGERY IN THE UNIVERSITY OF MICHIGAN.

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President of the University.

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June 20-4t

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1f

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July 11-2ma.

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Dec. 18, 1865

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Jan. 19, 1866.

Jan 25—17

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CASE OF CEREBRO-SPINAL MENINGITIS AT THE CITY HOSPITAL,  
BOSTON. SERVICE OF J. BAXTER UPHAM, M.D.

[Reported for the Boston Medical and Surgical Journal by CHARLES PARKE KEMP,  
House Physician.]

M. H., æt. 18, chambermaid at the Adams House, in this city, entered the Hospital Dec. 31st, 1866. Patient was born in Ireland, but had been in this country the past six years. Constitution strong and vigorous; body robust and well formed; general health excellent. The catamenia, however, had not been regular since their first appearance, three or four years previous; when present, usually painful and scanty. The hygienic conditions under which she had lived were unfavorable, her sleeping apartments being in the basement of the building; badly ventilated, cold and damp.

Early Christmas morning, six days before entrance, the patient left a hot and crowded ball-room, while in a heated condition, insufficiently clad, and in thin shoes, to walk to the Adams House, about a mile distant; the next day, she felt cold and chilly, and complained of a general feeling of *malaise*. On the 27th of December, she had a well-marked chill, followed by severe headache, pain in bones and back of neck, and attended by nausea and vomiting; soon after, general pyrexial symptoms set in, and on the 29th of December she first complained of stiffness of the posterior cervical muscles, with pain on moving or turning the head. Bowels meanwhile constipated.

The symptoms on admission were as follows:—decubitus, left side; face generally pale, but with marked flush on cheeks; expression anxious; eyes somewhat staring, but no strabismus present; pupils equal; mind clear, and able to answer questions intelligently; head thrown back, with stiffness and rigidity of posterior cervical muscles; no opisthotonos; skin hot and dry; temperature in axilla at 6, P.M., 100° Fahr.; pulse 128; respiration 36; anorexia complete; thirst urgent; tongue dry, covered with thick yellowish-white fur; bowels still constipated; urine passed freely and without difficulty; abdomen flat and soft, no tympanites, no pain on pressure; restless and uneasy at night from pain in head and neck.

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On the morning of January 2d, 1867, the patient was first seen by Dr. Upham, who at once recognized the disease, and the following record was taken:—Patient lies helpless, with an appearance of great exhaustion; semi-conscious, but can be roused to answer questions; eyes clear; tongue brown, dry, protruded with difficulty, swollen; sordes on teeth; complains of severe headache and pain in legs; skin somewhat moist; temperature at 8, A.M., 101.5° Fahr.; Pulse 120, regular, soft, compressible; some tendency to throw head back, with tenderness on pressure over spinous processes of upper cervical vertebræ. An eruption of dark, livid spots, from one eighth to one fourth of an inch in diameter, found on arms, chest and abdomen, not disappearing on pressure. No dejection since entrance. *R.* Ol. ricini, ʒ iij.; ol. terebinth., ʒ ss. M. Cap. statim. *R.* Vini ergotæ, ℥ xx., 4 t. p. day. Continue Dover's powder, gr. x., at night. Temperature at 7, P.M., 100° Fahr.

Jan. 3d.—Complains of intense pain in top of head—head bent back; decubitus left side; sordes on teeth still; countenance flushed; tongue preternaturally red at edges and tip, moist, covered with a dirty-white, creamy coat; pulse regular, soft, compressible, feeble, 120; respiration 40; two dejections; some tympanites. Ice bags to be applied to top of head, and a turpentine stupe to abdomen. Omit Dover's powder, and substitute one eighth of a grain of sulphate of morphia at night. Temperature, mane, 101.5°; vespere, 102°.

4th.—All symptoms improved. Tongue heavily loaded and flaky; pain in head much diminished; tympanites nearly disappeared; spots fading; pulse 116; tenderness on pressure over cervical vertebræ much less; consciousness complete. Temperature, mane, 100; vespere, 103.

6th.—Patient improved. Expression good; intelligence complete; no pain in head; some pain on pressure over upper cervical vertebræ; spots have nearly disappeared. One dejection yesterday, one this morning. Some pain complained of in left knee-joint. Diminish vinum ergotæ to ℥ xx. ter die. Opiate-alkaline fomentation to be applied to knee. Temperature, mane, 99.8°; vespere, 100.6°.

7th.—Tongue as yesterday; no pain, except in joints of upper extremities. Sleep disturbed during night. Diminish vin. ergotæ to ℥ xx. bis die. One sixth of a grain of sulphate of morphia at night. Temperature, mane, 100.5°; vespere, 102°.

11th.—Some increase in pyrexial symptoms this morning. Complains of severe headache, with pain in neck and in spinal region; increased flush of face; intelligence good; redness of tongue increased, with dry, brown coat in centre; pulse soft, feeble, compressible, regular, 104. Slight diarrhœa for past two days. Increase vin. ergotæ to ℥ xx. 4 t. p. day. To have gr. x. pulv. Doveri at bed-time. Temperature, mane, 103.5°; vespere, 98.8°.

14th.—Tongue less flaky; complains of pain in back of neck and in ears; some tendency to cringe when back of neck is pressed;

lumbar vertebræ also tender on pressure; skin communicates a burning sensation to hand. Temperature at 8, A.M., 101°. Apply empl. belladonnæ two and a half by twenty inches to whole length of spinal column. Temperature, vespere, 100°.

Jan. 15th.—*R.* Spr. vini Gallici, ʒ ij. in die. Beef essence.

19th.—Tenderness on pressure continues over upper cervical vertebræ, and especially over occiput, and patient shrinks on pressure being made over the latter part. Ringing of ears; some rigidity of neck; pulse irregular, 76.

22d.—Remove empl. belladonnæ. Apply empl. cantharidis two by four inches over upper cervical vertebræ.

24th.—Omit vinum ergotæ. Increase spr. vini Gall. to ʒ i. 4 t. p. day. Quinine gr. i. bis die.

26th.—Tongue still red and furred in patches; less sense of pain, but more of exhaustion. Some vomiting yesterday, controlled since last evening; pulse a trifle hard, 112; bowels constipated. Apply chloroform epithem to epigastrium if vomiting returns; also cracked ice to swallow. Resume vinum ergotæ, ʒ xl. ter die. *R.* Ol. ricini, ʒ i.; ol. terebinth., ʒ ij.; spr. vini Gallici, ʒ i.; mucilag. acaciæ, ʒ i.; solutionis saponis et aquæ aa ʒ viij. *M.* Ft. enema.

27th.—Patient has this morning marked stiffness of posterior cervical muscles, amounting to partial opisthotonos. Able to turn from side to side, but with no relaxation of muscles; eyes have a wild, staring look; a little cloudiness of intellect, with inclination to stupor and indifference, but can be roused to understand questions; tongue protruded with difficulty; pulse full, strong, a little hard, 100. Urine passed freely, high colored. One full and free dejection from enema of yesterday. *R.* Ammon. muriatis, gr. xx.; aquæ, ʒ i. *M.* Apply as a lotion to neck.

28th.—Stiffness and opisthotonos increased. Omit brandy, and substitute sherry ʒ iv. in wine whey during the day.

29th.—Patient lies on left side, with head thrown back at an angle of 45°, perfectly rigid; semi-comatose; breathes quietly; can be roused to answer questions; unable to protrude tongue; slight sor-des on teeth. No dejection for two days. Skin natural; no spots. Omit ergot. Hot water to be applied in rubber bags to spine. Hot flannels to feet. Repeat enema of 26th.

Feb. 1st.—Pulse 150; tongue more loaded than before, less patchy; eyes staring—pupil of left eye larger than right. Increase sherry to four ounces during the day.

6th.—Some pain in lumbar region; no headache nor pain in neck. Sense of fatigue, with some impatience manifested. To have spr. æth. comp. ʒ i. at bed time.

10th.—All symptoms improving.

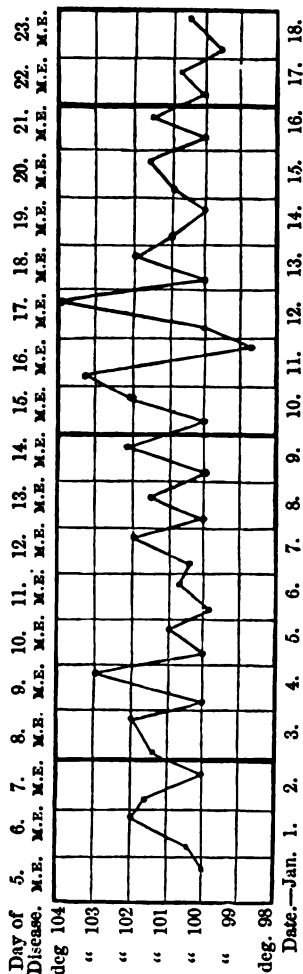
16th.—Complains of pain in right knee and in back of neck. Resume ergot, ʒ xl. ter die.

18th.—Pulse 96, soft, compressible; appetite good; no stiffness,

and but very little pain in neck; some pain still in right knee, especially at night. No dejection for several days. Repeat stimulating enema of 26th ult. Omit ergot.

Feb. 20th.—Tongue clean; appetite good; some signs of synovitis at sternal end of left clavicle; some pain in left ear. Apply tincture of iodine to affected joint. Syringe ear with tepid milk and water.

THERMOMETRIC RECORD of the above case during the more acute period of the disease.



March 4th.—Pupil of right eye more dilated than left for past eight days. Complains of pain in neck and severe headache on moving; dimness of sight of right eye. Resume ergot  $\text{mxx}$ . bis die.

5th.—Increase ergot to  $\text{mxx}$ . 4 t. p. day.

6th.—Severe pain in head, confined mostly to right side; skin and pulse normal; tongue uniformly furred; some vomiting after taking food. Ice bags to be applied to head. Hot sinapized pediluvium. Chloroform to epigastric region if vomiting continues. Omit ergot and brandy. Milk and lime water.

8th.—Tendency to vomiting continues; pain very intense over back of head, causing patient to cry out; some mental disturbance. Ordered sinapism to back of head, and stimulating pediluvium. Enema of 26th of January to be repeated. Vin. ergotæ  $\text{mxxx}$ . 4 t. p. day.

10th.—Patient says she has passed no urine for two days. At 4, P.M., patient was catheterized, and twelve ounces of clear, but moderately dark urine drawn off.

11th.—Pain in occipital region continues; eyes a little wild, with oscillation of eyeballs; tongue preternaturally red at edges and tip, centre pasty and patchy.

17th.—Very much improved; no pain, except on moving head.

27th.—After a day of more than usual comfort, free from pain; appetite good; pulse normal. Patient walked around her bed two or three times, and in an hour afterwards had violent convulsions; unconscious; pupils dilated, eyes fixed and staring; slow, feeble, fluttering pulse; respiration spasmodic; face pale. Paroxysm returned at 10, P.M., at 3, A.M., and again at 7 this morning. Brandy and water administered. Heat to feet, cold applied to head,

and a sinapism to epigastrium, followed by relief and return of consciousness soon after. Repeat stimulating enema. Potassii bromidi gr. xxx. horâ somni.

28th.—No recurrence of paroxysm since 7, A.M., yesterday. Some pain now in right temporal region; expression a little unnatural; left pupil more dilated than right; tongue moist, pasty; skin normal. Vomited since yesterday. Comfortable this morning.

31st.—Again seemingly convalescent. At this time the patient passed into the hands of Dr. Blake, Dr. Upham's successor in the hospital service. She has since continued gradually but steadily to improve, and, June 7th, was discharged, well.

From the history recorded above, the peculiar and marked symptoms of the disease have rendered the diagnosis of comparatively but little difficulty. The prognosis, however, has not been so easy; the manifest improvement at times, the disappearance of nearly all the symptoms, the sudden relapse and fitful exacerbations, made it hazardous to commit one's self on that point. The temperature, which was taken morning and evening during the early part of the disease, while showing the presence of an acute affection by the persistent elevation, offers no characteristic element to aid us in the diagnosis; it only indicates that a fever is present, differing widely in that respect from the indications given by the temperature in typhus and typhoid fevers. Of the remedies used, ergot seems to have had more influence than any other agent in controlling the special set of symptoms directly referred to the medulla oblongata and spinal cord.

#### SUDDEN DEATH, PROBABLY FROM INHALATION OF CHLOROFORM.

[From the Records of the Boston Society for Medical Improvement, May 18th, 1867.]

Reported by BENJAMIN E. COTTING, M.D., of Roxbury.

A MARRIED woman, aged 21 years, complained of headache, for which she made preparations, at her lodgings, to take a foot-bath, but did not take it. She locked herself in her room, and some hours after, when an attempt was made to communicate with her, made no answer; on the return of her husband from business, the room was entered and her dead body found. She was lying curled up on a short sofa, face to the back of it, with her head in the corner resting upon her hands, which retained a folded cloth and a sponge in contact with the nostrils and mouth. She had been dead some hours, and the rigor mortis was quite marked. The face was livid, and a little fluid was oozing from the nose and mouth. There was no odor in the sponge, nor any perceptible about her body save that of death. Evidently there had been no struggle—she died in the position first assumed. Her dress was off, but the corsets were still on. At this

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time, Dr. Cotting stated that he thought the cause of death was the inhalation of chloroform; and her friends admitted that she had frequently used it before.

She was conveyed to her father's house, at some distance, and when undressed a half-ounce vial, containing a small quantity of chloroform, was found in her bosom, part of the label still adhering to it, though efforts had been made to wash it off. This bottle was recognized by Dr. C. as having come from an apothecary who had sold one half an ounce of chloroform to a woman the day before, whose appearance corresponded to that of the deceased. Her family were very unwilling to allow that the death could have been caused by chloroform, and called in some other physicians, one of whom said the death might have been caused by heart disease, but on conversing with Dr. Cotting agreed with him; another physician said death could not have been caused by chloroform, as rigor mortis existed.

Dr. C. considered death to have taken place accidentally, and almost immediately from the first inhalation of chloroform, inhaled in this instance on account of pain, the woman being in the habit of frequently using this article and stimulants. This was the usual course in fatal cases by chloroform. He had never seen or known of a death from ether in this way. There was no odor of any kind perceptible in this case, and if chloroform had been used, the odor would have entirely disappeared in the hours that had elapsed before discovery, while that of ether would hang about for a longer time. If he was right, it afforded another instance of the dangerous nature of chloroform, which may prove almost instantly fatal, though the individual may have previously used it often without ill effects.

As to the rigor mortis, he did not recollect of ever seeing it reported upon. Mr. T. Holmes had not alluded to it in his collection of cases, but rather intimated that there were no decisive *post-mortem* appearances. In a medico-legal view, the point might be one of value, and he would like to hear the observations or opinions of others with regard to it.

Dr. C. D. Homans said that he had once seen an autopsy of a young woman who had undoubtedly died from the inhalation of chloroform, and that the rigor mortis was very strongly marked in that case.

Dr. Cheever said it was a very common practice for persons to inhale ether when entirely alone, and physicians generally consider it safe so to do, but it seemed to him that in the position of this person asphyxia might have taken place even with ether.

Dr. Cabot thought ether so volatile that it would evaporate before asphyxia was complete. He was in the habit of cautioning his patients to lie on the side of a bed or sofa, with the arm holding the sponge outside; then as insensibility came on the arm would fall, and no harm could ensue, the sponge being tied to the hand.

Dr. White asked if any gentleman had ever known ill effects to

result from the long-continued use of ether in large quantities. He had a case in his own practice in which a great amount had been used without bad effect.

Dr. Ware said he had a patient under his care with chronic lung trouble, who for years had been accustomed to inhale ether *pro re nata* without the slightest inconvenience; sometimes for many days she would be more or less under the influence of ether the whole time.

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### A CASE OF ECZEMA.

[Read before the Norfolk (Mass.) District Medical Society, May 8th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By JONATHAN WARE, M.D., of Dorchester.

I AM 70 years of age. In 1834, I suffered from the consequences of a dissection wound, recovering with a stiff finger. In 1842, I had pneumonia, hæmoptysis, and an abscess of right lung, recovering after a journey southward. In 1856, fractured neck of thigh bone, and recovered with slight lameness. For many years past have suffered more or less from asthma, and occasionally from pains of rheumatism. A tendency to diarrhoea has long existed. With these exceptions, I have enjoyed a fair degree of health until about one year ago.

During the winter and early spring of 1866, I suffered more than usual from rheumatic pains in the limbs. The first onset of acute skin disease occurred in April, beginning at the ankles and extending gradually in all directions, until, in three or four weeks, the legs, ankles and upper surface of the feet were completely covered with the eruption. A little later, it began near the elbows and extended symmetrically over the upper and forearms, wrists and backs of hands. The portion least invaded, both on arms and legs, was the inner aspect. Besides the principal seats of the disease, there were, when at the worst, a few scattered patches upon the thighs and body, and a general sense of prickly irritation over the whole surface. The disease probably reached its worst before June, and continued, with occasional slight remissions but without very decided abatement, until about the end of autumn, when it began gradually to decline; and while there have been, during the past winter, frequent exacerbations, more or less severe, yet, on the whole, the amendment has been measurably regular and constant until the present time.

When at its height, the skin invaded by the disease was deep red—though at times approaching a livid purple—glistening and scattered with spots of angry scarlet, and was more or less covered with a serous exudation, which dried into crusts or glued the cloths, used in dressing, tight to the surface. The sensations of itching and burning were intense, and, at times, almost insupportable. The



misery was aggravated by several very painful and indolent furunculoid sores, which succeeded each other upon different parts of the body and arms.

Since the invasion of the disease, the former tendency to diarrhœa has given place to constipation, and the asthma and rheumatism have scarcely been present at all. In the latter part of May, several paroxysms of intense supra-orbital neuralgia occurred. Appetite was poor during the early acute stage, and the harassing irritation of the disease made a profound impression upon the strength and spirits. When the abatement of the eczema permitted a gradual return to former habits of exercise in the open air, strength steadily returned, and at the present time is nearly as great as before the invasion of the disease.

There now exists a slight thickening of the skin for a space of three or four inches, from the ankles upwards, the remains of a much greater infiltration; while occasional slight outbreaks, and frequent sensations of itchy uneasiness, indicate that the disease, while it has expended its violence for the present, still lurks in the system.

The *treatment* during the acute stage was chiefly local. Some constitutional remedies were tried without satisfactory result. The same remark may be made of most of the local applications, a variety of which were used and laid aside in turn. The greatest relief during the acute stage was derived from opiates, internally, and tepid water to the inflamed surface. During the declining stage, opiates having then been abandoned, cold water and glycerine gave most comfort. The neuralgia was instantaneously relieved by inhalation of chloroform.

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#### OPERATION FOR DOUBLE HARE-LIP.

[Communicated for the Boston Medical and Surgical Journal.]

Miss A. C. C., aged 17 years, had a congenital double hare-lip. In her infancy, a time was appointed for an operation, but on account of sickness it was postponed. Subsequently, the parents took the responsibility of further postponing the operation until she should attain to years of discretion and might desire it. She grew up a healthy, active, intelligent girl, and at this age began to feel that her social position was seriously affected by the condition of the mouth and nose.

The case did not differ essentially from other cases of double hare-lip. It was simply one of the worst in deficiency of lip and deformity of nose, teeth and superior maxillary bone. There was, moreover, no portion of flap between the parts wanting which could be so utilized as to assist in the formation of the upper lip. The operation could only be performed, as one, by bringing the extreme lateral sides of the lip together, at the mesian line.

The fissure in the maxillary bone extended from the alveoli to the palate, dividing it into two parts, and was half an inch wide. On the right side, the fissure was perfect, extending into the nares, with the exception that the intermaxillary process of bone was attached by a slight peduncle about an inch and a quarter from the alveoli. A slight fleshy band, on the left side, passed from the free border of the lip to the septum nasi. The intermaxillary bone contained the two front incisors, projecting at its front extremity a half inch in front of the circle of the maxillary bone. It was continuous with the septum of the nose, and as it passed backward came nearer and nearer the fissure, till it arrived within it and became attached to the maxillary bone. The two teeth were small and irregular, and not far from the tip of the nose. Between these teeth and the tip of the nose a crescent-shaped flap, having the radius of a dime, and less than a quarter of an inch in thickness, projected at right angles with the natural septum of the nose.

At the wish of the patient a time was appointed to take into consideration the propriety of an operation. Drs. Sawyer and Evans were called in consultation, and, after careful examination, they were of opinion that such an operation might be performed with fair prospect of success, and they were willing to assist in its performance.

The patient was first etherized. The successive steps of the operation consisted: 1st, in extracting the two front teeth; 2d, in paring the borders of the maxillary fissure; 3d, in paring the sides of the intermaxillary covering of membrane; 4th, in separating, with bone forceps, the intermaxillary bone from the nasal septum, so as to depress it into and fill up the fissure; 5th, in paring off each side of the crescent-shaped flap and removing a small portion of bone behind it, so as to turn the remaining part downward to form an external septum to the nose, and join it, after paring its extremity, to the lip at the mesian line when drawn together; 6th, in paring the free borders of the lip (very little of which was free) from the lower angles into the nostrils; 7th, in dissecting up the lip, on each side, from the maxillary bone, so as to increase the free borders and enable them to be brought together; 8th, and lastly, two double ligatures were passed through the parts which were henceforth to form a solid upper lip, each of which were tied over two silver discs, after bringing the pared borders in contact with each other. Two small ligatures were then passed through the extremity of the crescent-shaped flap and the central and upper junction of the lip so as to compel it to adhere and form an external septum to the nose. Adhesive straps were then applied; and to assist in keeping the parts together and lessening the strain upon the ligatures, a steel spring in the shape of a horse-shoe, with a pad at each end, adapted to the surface of the cheek and lip, was so applied as constantly to press the tissues towards the mesian line. This completed the operation and dressing.

The operation occupied an hour and three quarters. The hæmor-

rhage was considerable, and much of the blood passed into the stomach, which caused repeated vomiting, interrupting the administration of ether and the performance of the operation.

On the eighth day, the ligatures were removed. The inflammation in the meantime had been moderate. The parts had all firmly united; and the intermaxillary bone firmly adhered to and filled the fissure in the front part of the roof of the mouth, forming a smooth connected surface. The outer fleshy septum of the nose was straight and perfect, and the nose was not only improved but looked very natural.

With one exception, this operation was analogous to all others of the same kind. The recommendation has usually been, to cut the intermaxillary fragment perpendicularly to the maxillary bone, near the junction of the external septum nasi with the future lip, and either remove it entirely or bend it backward from that point. Instead of doing thus, in this case, a nearly longitudinal cut, with the bone forceps, was made upward and backward, in the direction of the nose, so as to bend the intermaxillary fragment from a point near its attachment to the right side of the maxillary fissure.

*Paris, Me., May, 1867.*

T. H. B.

P. S.—The patient herself writes:—"May 10th. My face is not much sore now. It looks a great deal better than I ever thought it would. I am perfectly satisfied about it, and all the rest are." The operation was performed April 23d.

#### PHARMACY OF THE CINCHONAS.

[Extract from a paper by EDWARD R. SQUIBB, M.D., of Brooklyn, N. Y.]

THERE are, perhaps, few articles of the materia medica of more importance than the cinchonas, even when considered apart from their relations to the sulphate of quinia as an antiperiodic. The proper and judicious use of tonics has of late years been practically recognized to be one of the prominent studies of the physician who is skilful in the practice of his art; and the best and most generally applicable of all tonics are the cinchonas.

That the artificially prepared salts of quinia are tonic there can be little doubt, though this has been questioned by good authorities, and yet this is not their original, nor their most appropriate use. They should be held and used only as antiperiodics, and as agents for the production of quinism. Many good authorities have taught that the alkaloids and acids of the cinchonas, in their natural condition and combinations, are best adapted to use as tonics, and the writer desires to add his testimony to that of such authorities, and to go still further, believing that these natural combinations *alone* are well adapted to use as tonics; and that sulphate of quinia is as

inferior to them as tonics, as it is superior as an antiperiodic. The main advantage gained by the extraction of quinia and its recombination with other acids, is to facilitate its easy and definite administration in large doses without embarrassing the stomach with the greater volume of the bark or its preparations, and as these large and accurately adjusted doses are only required as antiperiodics—or at least only outside of and beyond the sphere of tonics proper—the ordinary salts of quinia should be reserved for such uses, and be replaced to a large extent by preparations of the bark. It is not uncommon to hear of eminent pathologists and eminent diagnosticians, but far less common to hear of eminent therapeutists, yet the latter class can alone be successful practitioners of medicine, whilst of these some of the most successful, both of the past and present, are found using their natural remedies in their simplest form, and reasonably, if not wisely doubting whether convenience of administration be not often attained at the cost of medicinal efficacy and certainty. Without being justly charged with going back in pharmacy—and even while urging its more rapid progress—it may be doubted whether any more effective or more certain preparations of the cinchonas than the simple infusions of the Pharmacopœia can ever be used, provided the quality of the bark can be assured. These are by no means inelegant preparations, may be easily aromatized at pleasure, and can only be discredited by a squeamishness on the part of patients which is too much encouraged by the money-making devices of the pharmacist.

There is another important reason why physicians are not justified in the use of quinia salts as ordinary tonics. It is well known that the cinchona forests which yield the best varieties are becoming rapidly exhausted through the large demands upon them, and the wasteful methods of collecting the barks, and year after year the richer and more valuable cinchonas are becoming dearer and more difficult to obtain. This has made it necessary for quinia manufacturers to give up the use, in a great measure, of these most valuable species, and substitute the cheaper kinds, which yield a smaller proportion of the alkaloid. Now, although quinia is the chief if not the only antiperiodic ingredient in the cinchonas, it has never been reasonably doubted that the other alkaloids, the acids, and the astringents of the barks are important and valuable tonics, if not equal to quinia in this respect. Then, as in the extraction of quinia all these other derivatives are in great measure sacrificed and wasted, it is not difficult to see that the use of artificially prepared quinia salts involves, beside the expense and profits of extraction, an absolute waste of the other useful constituents of the cinchonas at a time when the source of supply is becoming precarious and in danger of exhaustion. If physicians would limit the use of quinia to its legitimate sphere, and apply cinchonas to their much more extended legitimate sphere, there would be an important economy in

results, in cost, and in the future prospects of this important drug. There are but two very good arguments against a very large reduction in the use of sulphate of quinia as a tonic. The most important of these is that cinchona barks of similar appearance are very variable in quality and often worthless, while the tests of value have not been considered of easy application. The other is the smallness of compass, and greater convenience of administration in the use of sulphate of quinia. To these, and to fashion, which is cultivated by chemists as well as by milliners, is the use of sulphate of quinia as a simple tonic mainly attributable. It may be easy to rail at fashions in medicine, but when based upon avarice and want of knowledge they are about as little likely to yield as fashions in dress which are based upon frivolity and ostentation.

In these days of medicine-made-easy it would be very difficult to convince many patients, or their pliant medical attendants either, that a bitter dose of any preparation of cinchona was better than a sugar-coated quinia pill, and therefore, except by setting acknowledged and established truths in front of bad practices, the writer does not propose to attack these evils here.

The first and most important argument against the use of cinchonas as tonics, namely, the variable quality of the barks as met with in the markets, is however entirely within the domain of practical pharmacy, and it is a prominent object of this paper to suggest a means by which the force of this argument may be diminished. \* \* \* \*

*American Journal of Pharmacy.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BERKSHIRE DISTRICT MEDICAL SOCIETY.  
BY WM. WARREN GREENE, M.D., SECRETARY.

*Peri-cystic Accumulation of Fat, simulating a Distended Bladder.*—Dr. SMITH, of Pittsfield, reported the case.

The patient was a very corpulent gentleman, aged 82, who had always been remarkable for his vigor and freedom from disease, which had been absolute, with the exception of occasional attacks of retention of urine, to which he had been subject for a few years. These, however, were comparatively slight, and readily controlled by domestic remedies until the last attack. On this day he had taken a long walk upon a mountain, and after retiring at night was aroused by a desire to micturate, but found himself unable to do so. After many ineffectual attempts, and the unsuccessful trial of those remedies which had heretofore served him, a physician was called, who found a distinct hypogastric tumor, resembling precisely, in location, feel and outline, a distended bladder. A catheter was passed with ease, but only a very small quantity of urine, mixed with blood, was obtained. Dr. S. was called, and passed the catheter with the same results. It was found that although the instrument entered the organ

readily, yet it could not be freely moved in the cavity, nor could the beak be carried to the fundus. Suspecting the presence of clots, injections were freely used, but with no effect except to cause extreme pain. After the first forty-eight hours the suffering abated, the intellect became dull, coma supervened, and he died, sixty hours from the attack.

At the autopsy, the tumor was distinctly to be felt through the extremely thick walls of the abdomen, upon opening which it was found to consist of an enormous accumulation of fat upon and around the bladder, by which that organ had been folded upon itself (the fundus retroflexed) so as practically to consist of two cavities, the upper being the largest and containing three gills of urine. The lower contained a few drops of urine mingled with blood, the latter from the mucous membrane. The kidneys and ureters appeared healthy to the naked eye, but were enclosed in immense masses of fat.

*Sudden Death after Delivery.*—Dr. FROTHINGHAM reported the case of a lady, 27 years old, who was delivered of her first child after a somewhat tedious, but not severe labor. She went on comfortably until the morning of the third day, when she was suddenly seized with severe epigastric pain, quick and deep respiration, and delirium, accompanied by contracted pupils and a rapid pulse. Cups and sinapisms were applied to the epigastrium, heat to the extremities, and fluid extract of belladonna administered. In about an hour and a half, she vomited a little bile. Warm water was given, and after the stomach was evacuated, the symptoms rapidly and completely passed away. In a few hours a diarrhœa occurred, which was controlled by an opiate enema. Everything now went well for three days, i. e., until the sixth day *post partum*, when she was attacked as before, except that there was no delirium or contraction of the pupils, and the rapidity of the pulse was much greater, being 160 per minute. A vaginal examination revealed nothing wrong about the uterus. In addition to the measures used on the former occasion, free stimulation was instituted, but in spite of all she died in a few hours. No autopsy was allowed. The friends stated that she had been subject to similar attacks from childhood, but during gestation had been entirely free from them.

*Gangrene of the Scrotum and Penis.*—Dr. LAWRENCE related the case of a man, 64 years old, who was suddenly seized with excruciating pain in the rectum and with strangury. An examination *per rectum* revealed nothing unnatural, and the catheter passed readily. In forty-eight hours, the entire penis and scrotum mortified, and he rapidly sank and died.

*Phlebitis associated with Rheumatism.*—Dr. GILL reported the case.

A medical man, aged 60, was attacked with acute articular rheumatism, for which he was very actively treated by alkalies and colchicum. In a few days (less than a week), the joints were all suddenly and perfectly relieved, and a condition of extreme collapse ensued. Under the use of the usual remedies, he gradually rallied. Sinapisms were freely used to the feet and legs to the extent of producing a severe inflammation of the veins, which were extensively varicosed, and which by this means had become completely obliterated.

*Intermittent Fever.*—Prof. A. B. PALMER reported a case of well-marked intermittent fever in a person who had never been out of the

County, and who had recently lived in Lee. It was promptly cured by quinine.

*Fatty Degeneration of the Ossa Innominata and Femur, with spontaneous Fracture of the latter.*—Dr. GREENE reported the case.

A lady, unmarried, 34 at the time of her death, had been an invalid for sixteen years, gradually losing the use of the lower extremities, the muscles of which for the past two years of her life were the seat of such terrible tonic spasms as to cause her most excruciating suffering, and to require subcutaneous section of tendons for its relief. In this way nearly all the tendons had been divided, at different times, from the heel to the hip. She had suffered from chronic metritis and retroversion, and about two years before her death she had a pelvic abscess. One peculiarity of her case was frequent and profuse watery discharges from the vagina. A few months before her death, as the nurse was turning her in bed, the right femur fractured at its middle. With her complicated conditions, it was almost impossible to keep the fragments at rest. After the trial of many expedients, Daniels's fracture bed was found to make her most comfortable, and in twelve weeks the union seemed firm. During this time, however, she had gradually failed in strength and flesh, and her digestion was much deranged. Bed sores had formed, which were indolent. In a few weeks from the removal of the splints, the fracture recurred under the influence of the violent muscular spasms, and very little could be done to secure the fragments. Her strength failed, she emaciated rapidly, the bed sores deepened, the stomach became intolerant of food, and she died.

The autopsy, attended by a large number of physicians, revealed no disease of the spinal cord apparent to the unaided eye or under the microscope. The uterus was retroflected with a lateral deviation to the right iliac fossa, where it was adherent to the old cicatrix of the previously existing abscess. It was the seat of endo-metritis. The os innominatum of the right side was so much softened that a probe could be thrust into it at any point. The femur, which was equally softened, and whose cancelli were filled with fat, had again united, with much shortening and angular deformity, the overlapping fragments being ensheathed in a very large provisional callus, which was very soft and oily. An examination of the tendons subcutaneously divided showed them to be all thoroughly repaired by new fibrous tissue, perfected to an almost precise correspondence with the original tendon.

*Compound Fracture.*—Dr. BABBITT reported a case of compound fracture of the humerus in an Irish woman 98 years old, in which firm union occurred within the usual period.

*Excision of the Condyles of the Femur.*—Dr. LEAVITT reported a case of compound dislocation of the knee-joint in a boy 11 years old, in which the condyles of the femur were driven completely through the popliteal space. These were sawn off, the limb supported upon a lateral splint, and the wound rapidly closed. The boy walks very well and has very good motion of the joint.

*Renal Calculus.*—Dr. SMITH, of Pittsfield, reported the case. The patient was a man 55 years old. The peculiarity of interest was that the intense pain was principally in the testicle. Large doses of morphia only partially controlled the pain, which, after several days, suddenly

ceased. Two weeks afterward, he passed a calculus as large as an ordinary pea.

*Intra-uterine Fibroid.*—Dr. GREENE showed a specimen of nodulated, sub-mucous, fibrous tumor, which he removed, with the assistance of Drs. Smith, Brewster and Paddock, from the fundus uteri. Tumor as large as an orange. Patient made a good recovery.

*Pneumonia.*—Dr. HOLCOMBE reported two cases in sisters, previously of feeble health, living in the same house. One was seized with a severe and unusually prolonged chill, followed by an imperfect reaction, and immediately by tolerably abundant “prune-juice” expectoration. She lived five days. In just five days from her death, the other was taken in the same manner, the course of the disease being identical, and she died in precisely five days from the date of the chill. The treatment consisted of beef-tea, milk punch, quinine and stimulants. Dr. H. also related a case in which a lady passed through an attack of pneumonia, as evidenced by the chill and fever, pain in the side, with all the physical signs occurring in their proper order, without any cough or expectoration.

[To be continued.]

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VERMONT MEDICAL SOCIETY—SEMI-ANNUAL SESSION. REPORTED BY L. C. BUTLER, M.D., SECRETARY.

[Concluded from page 480.]

Prof. J. Perkins presented the following resolutions, which were adopted:

*Resolved, 1st,* That it is an imperious duty resting upon us, as representatives of the medical profession of Vermont, to affirm our belief of the fact in the natural history of the reproduction of man, established by the concurrent testimony of physiologists of the highest repute, and which challenges contradiction, that the moment of coalescence of the correlative germs which result in fecundation and conception, is that moment in which the Creator endows the new being with a living organism and an imperishable soul.

*Resolved, 2d,* That all legislation in the criminal codes, which distinguishes the grade of criminality of destroying the vital organism according to the periods of intra-uterine life, is based upon an exploded and utterly baseless dogma, and contravenes justice to the unprotected being, to the criminal abortionist, and the more criminal parent, and the fiat of our Creator, and exposes the chief criminal to the fearful penalties of those who infract the laws of Nature and Nature's God.

During the session Prof. Ordronaux, of the Medical Department U. of Vt., addressed the Society upon the subject of laws relating to criminal abortion; and Dr. Goldsmith upon the medical and hygienic lessons of the war, referring especially to the subject of *Pyæmia*. Dr. G. related cases that occurred in the Army Hospitals under his own inspection, and showed how all former theories and speculations in reference to this disease were controverted by the facts that had come under his observation. He now believed it to be a local, and not a constitutional disease, and to be produced more by bad air and from want of proper cleanliness than any other cause. We were sorry to leave the poor fellows, he said, on the battle field, under the shade of



trees ; but they got well, while those who were taken to hospitals with bad air, died.

After a very interesting session, with a large attendance from all portions of the State, the Society adjourned *sine die*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 18, 1867.

### DEATH OF TROUSSEAU.

By this melancholy event, which we briefly announced last week, France has lost the honored head of the medical profession in that country. His death will be mourned by many beyond the circle of the great capital which was the scene of his labors, and many in this country who have had occasion to seek his wise counsel will share in the general regret. As a teacher he has had few equals ; and his voluntary withdrawal last year, while in the full possession of his faculties, from the position of Clinical Professor, which he had held for so many years with such honor to himself and such immense benefit to his pupils and patients, in order that he might escape the reproach of clinging to his office after he had ceased to adorn it, showed a self-respect which compelled the admiration of all at the same time that it was universally deplored.

Trousseau died on the 23d of June ; and although we see it stated that the cause of his death was cancer of the stomach, our French files do not speak of it. The *Union Médicale* says that he died at seven in the morning of that day, "after many months of cruel suffering."

"While all about him was affliction, he alone calm, resigned, attentive, with a hopeless, clinical precision, watched the progress of his disease, and foresaw the fatal issue with a certainty which was not deceived either in the day or the hour.

"A great man has disappeared from the medical profession." "With Chomel and Rostan, who preceded him to the tomb ; with Bouillaud, who still survives, Trousseau, by his incontestable originality, has raised clinical teaching, at the same time traditional and progressive, to a height where the friends of our Faculty desire it may remain."

"The service rendered by his teaching is shown by the numerous generations of physicians who crowded to his eloquent and sometimes dramatic lessons, in the grand amphitheatre of the Faculty or the amphitheatre of the Hotel Dieu. His classic works, of which the editions rapidly succeed each other, have been the favorite reading of an immense number of physicians of our day. Trousseau was never willing to allow himself to be entirely absorbed by the cares of an immense practice and a European consultation ; on the contrary, he always wished to do a large part for science and teaching. To the last days of his life his failing voice still dictated to his devoted friends his last pages, which will be precious preserved."

"Trousseau had the good fortune, from the beginning of his career, to meet with friends, protectors, masters, who, appreciating his eminent ability, power-

fully aided him to overcome his first difficulties. All who have lived with him know with what reverent respect he guarded the memory of Brétonneau and Récamier. Thus did he always keep before him his first and most distinguished friends for examples and models. Master in his turn, Trousseau made it his happiness to aid, protect and encourage youth, industry and talent, and the number of those whom he has thus aided is not small; and he had the good fortune to see all those whom he honored by his patronage become masters in their turn, or in a position to become so beyond a question."

"Trousseau's goodness was so spontaneous, so natural, that he could not believe in bad actions. He was the victim of much wrong, he never was guilty of it towards another. Confiding to rashness, generous to a weakness, he had no other faults than these charming qualities, the faults of the character, the spirit and the heart of an artist; for Trousseau was above all, and he gloried in it, an eminent artist." Such is the tribute paid to him by his friend Amédée Latour, Editor of the *Union Médicale*.

"Trousseau was Honorary Professor of the Faculty of Medicine of Paris, Member of the Academy of Medicine, and Commander of the Legion of Honor."

The funeral took place in the Madeleine, which was crowded to excess, so that many of Trousseau's most intimate friends, Jules Janin among the rest, were unable to gain admittance.

"Almost all the professors of the Faculty, preceded by the Dean, the members of the Academy of Medicine in considerable number, with the President M. Tardieu and the Vice President M. Ricord at their head, the physicians and surgeons of the hospitals, almost without exception, an immense number of physicians, a numerous deputation of students and an enormous crowd of friends of all classes of society, conducted to their last abode the remains of their eminent colleague and devoted friend, whose eulogy was in every mouth and grief for whom saddened every heart."

In accordance with the express desire of M. Trousseau, the usual funeral oration was not pronounced over his remains. A heavy shower, at the conclusion of the ceremonies in the Church, prevented the large crowd in attendance from following him on foot to the grave, as had been proposed, and the funeral procession was consequently limited to those who could find a place in the carriages. At the meeting of the Academy of Medicine, on the 25th, the President read the following letter containing the request above referred to:—

PARIS, March 1st, 1867.

My dear President and excellent friend,—I desire most sincerely that no discourse may be pronounced at my funeral, and I hope that you will comply with my last wishes.

Thank my colleagues for the kind sympathy which they have shown me on those occasions when I have addressed them, and throughout the course of my last sickness.

Believe in my entire devotion,

A. TROUSSEAU.

The President closed a brief tribute to his memory in the following words:—

"Disciple of Brétonneau and Récamier, Trousseau was, like them, a great and true physician. He surpassed them both in the brilliancy of his teaching and the extent of his renown. Marvellously endowed, and at the height of a success without equal, he yet remained simple and essentially good."

It is good to contemplate the virtues of a true man; and doubly good is it for physicians to keep before them such a noble example as his, to whose memory, although a foreigner, we have given this week a leading place in our JOURNAL.

His reputation and teaching are widely known in this country; and their influence must give a new stimulus to all who desire to maintain the true nobleness of the profession which they represent.

*Photographs of the Presidents of the American Medical Association.*—We have received from Messrs. Jeffers & McDonnald, Photographers, No. 519 Broadway, Albany, N. Y., a set of photographs of the Presidents and Acting Presidents of the American Medical Association, twenty-one in number. Messrs. Jeffers & McDonnald are prepared to furnish similar sets to the medical profession at the moderate price of two dollars. The names of the subjects of the portraits are endorsed on the backs of the cards. Dr. Storer's, we see, reads Dr. D. H. Free, a name by which it would be hard to recognize the original. We hope the others are more accurately given.

*Massachusetts Medical College.*—The following gentlemen received the degree of Doctor of Medicine from Harvard University on the 17th inst. :—

NAME AND RESIDENCE.	THESIS.
Arnold, Oliver, A.B., Providence, R. I.,	<i>Varicella.</i>
Bodge, James Henry, A.B., Boston,	<i>Pneumonia.</i>
Caldwell, Charles, A.B., Byfield,	<i>Rheumatism.</i>
Cogswell, Edward Russell, Cambridge,	<i>Hygiene of Children.</i>
Cruise, William, Richibucto, N. B.,	<i>Phthisis.</i>
Davis, Charles Henry, Sterling,	<i>Epilepsy.</i>
Derby, Richard Henry, Boston,	<i>Pyæmia.</i>
Dewolf, Albert, Wolfeville, N. S.,	<i>Typhoid Fever.</i>
Drury, Orsamus Monroe, Athol,	<i>Typhoid Fever.</i>
Dunham, Martin Van Buren, N. Bridgewater,	<i>Nutrition of Bones.</i>
Dwight, Thomas, Boston,	<i>Intracranial Circulation.</i>
Fisher, John Bryant, Hanson,	<i>Syphilis.</i>
Garvin, Frank Forbes, Halifax, N. S.,	<i>Asiatic Cholera.</i>
Hunt, David, Providence, R. I.,	<i>Nervous Asthma.</i>
Kennedy, George Golding, Dorchester,	<i>Mammitis.</i>
Kimball, James Henry, Boston,	<i>Transfusion of Blood.</i>
Kittredge, Charles Marsh, A.B., Hartford, Ct.,	<i>Mania.</i>
Knight, Edward Balch, Providence, R. I.,	<i>Death.</i>
Leaver, Thomas Charles, Halifax, N. S.,	<i>Diagnosis.</i>
Mann, Benjamin Houston, Roxbury,	<i>Influence of Mental Cultivation</i>
McMahon, John Joseph, Roxbury,	<i>Pneumonia.</i> [on Health.
Maxfield, James Gardner, Lowell,	<i>Epilepsy.</i>
Norrie, William, Pictou, N. S.,	<i>Tuberculosis.</i>
Perkins, Charles Worthly, New Durham, N. H.,	<i>Valvular Disease of Heart.</i>
Provencher, Raphael, Nicolet, C. E.,	<i>Phthisis.</i>
Quincy, Henry Parker, Boston,	<i>Erysipelas.</i>
Richardson, William Lambert, Boston,	<i>Membranous Laryngitis.</i>
Scruton, Albert Field, Lawrence,	<i>Hydro-peritoneum.</i>
Sturgis, Frederick Russell, Boston,	<i>Syphilis.</i>
Tuck, Henry, Boston,	<i>Diphtheria.</i>
Tucker, James Ioannas, Boston,	<i>Cholera.</i>
Wilder, Rufus Lawrence, Boston,	<i>Vaccinia.</i>
Willis, Reuben, Milford,	<i>Aphonia.</i>

Messrs. Editors,—I have just read the "remarkable case of Toxæmia," communicated by Dr. Triplett, of Woodstock, Va., in your last number (23 of Vol. lxxvi.). I have seen several cases very similar to this, caused by over-exertion or over-exercise of the muscles of the legs by persons not used to such exercise. It is my opinion that, had the treatment at the commencement of the attack been strictly antiphlogistic, with external applications calculated to promote absorption of the effused fluids in the bodies of the muscles and near the periosteum of the bones of the legs, caused by the over-exertion of the muscles, and had this been persevered in and no tonics used, the case would have termi-

nated favorably, and there would have been no suspicions of "glanders" or "blood-poisoning" in the case, even had suppuration taken place at the seat of the disease. As an old physician, I wish to protest most strenuously against the too prevalent and popular practice of ignoring the antiphlogistic treatment in inflammatory diseases, and in giving tonics, especially quinine, at the commencement of diseases where the system, laboring to throw off the cause of the disease, is almost always in an inflammatory condition.

288 Spring St., New York City, July 16, 1867.

A. J. CHADSEY, M.D.

*What Female Medical Students are capable of.*—We find the following remarkable statements in a communication to the *Philadelphia Medical and Surgical Reporter* from Dr. J. W. Sherry, of Brooklyn, N. Y., on "The Status of Women Physicians":—

Some twenty young ladies presented themselves at a clinic and lecture in one of the New York hospitals. The surgeon announced that the subject would be *Hernia*; and, not wishing to shock the delicacy of the fair auditors, he suggested the propriety of their withdrawal. Several hundred young men were present, and he thought it unfitting that the young ladies should remain. *They did not retire*, but occupied the *nearest seat*, while eighteen *male* patients were exhibited, necessarily in a state of *NUDITY*!

At another hospital, lithotomy was to be performed on a man. Eight members of "the little band of true-hearted women, just entering the medical profession," appeared to witness it. The surgeon, from motives of delicacy, asked them to retire, and he sat down to await the result. But they moved not. He thereupon announced that if they did not withdraw, the operation would be postponed, or done privately. *Then*, they left.

The writer remarks, in another part of his letter:—

One would think that the *ordeal* through which a woman has to pass, who studies all the branches of medical science *along with men*, witnesses all operations in the presence of large numbers of *men*, studies her anatomy over the stinking, decaying, mutilated cadaver, in company with men, would be enough to make any right-minded woman recoil with a shudder at the mere mention of such a career for *her*. If the communities whose "moral sense" commends this "revolution," knew the details of this horrible curriculum *for a woman*, there is not a decent family in the land into which the admission of a woman who had passed through it, would not be, at least, *prejudiced*. Many would close their doors against her.

*A new Method of Resuscitation from Hyperanæsthesia by Chloroform.*—At a recent meeting of the New York Academy of Medicine, Dr. Worster read a case in which chloroform had been administered to a patient, by a party whom he regarded as competent, as a preparatory step to an operation, by himself, for the relief of hæmorrhoids. Suddenly the patient had stertorous breathing, became pulseless, and exhibited all the symptoms of a speedy dissolution; but by the simple expedient of reversing his position, and inclining his body to an angle of forty-five degrees, he was fully restored.—*New York Medical Record*.

*Prognosis in Chronic Affections of the Heart.*—At a meeting of the West Kent Medico-Chirurgical Society, on April 12th, a paper was read by Dr. Thorowgood on this subject. It showed that the mere presence of an audible cardiac murmur was not, of itself, a certain cause for alarm and gloomy foreboding. Cases there were of individuals who had, for years, been living comfortably and earning their bread while carrying about in their chests cardiac murmurs. The general opinion of the writer of the paper was that aortic disease was borne better and longer than mitral disease, though in some forms of aortic valve disease sudden death might occur. The great thing was to observe the effect of the valve

lesion on the ventricle, and see if this was becoming elongated (as often happens where there is regurgitation through the aortic orifice) or dilated and thinned. Dr. Thorowgood drew attention to the observations of the late Dr. Kirkes and of Dr. Andrews at St. Bartholomew's Hospital, which showed that of systolic murmurs heard at the heart's apex, only 34 per cent. were due to regurgitation through the mitral orifice, the others being of intraventricular origin, and not so serious, prognostically, as the true regurgitant murmur.—*Lond. Med. Times & Gazette.*

*Effect of Police Supervision in Checking the Spread of Venereal Disease.*—Dr. Hewlett, the Health Officer of Bombay, in his Annual Report for 1866, as quoted in the *London Medical Times and Gazette*, says,—“The amount of venereal disease in Bombay is something appalling. I should not be discharging my duty, if I did not ask you to obtain a legislative enactment with a view to bringing all prostitutes in Bombay under strict medical and police supervision. I can speak from experience how successfully this plan works in Aden, where there is a Lock Hospital. All the prostitutes from the Mocha lines, the only quarter in which they are permitted to live, are brought to the Lock Hospital every Saturday morning, and are examined by the Civil Surgeon. Those that are found diseased are detained till cured, and those that are well are allowed to return to their houses. Venereal disease, when I was at Aden, was virtually extinct.”

*Leavenworth Medical Herald.*—We have received the first two numbers of a monthly medical journal bearing this title, published in Leavenworth, Kansas, and edited by C. A. Logan, M.D., and T. Sinks, M.D. The *Herald* is well printed, and the specimens before us contain a number of good original articles, in addition to the usual miscellaneous matter which goes to make up a medical journal. It makes a very creditable appearance, and the Editors have our best wishes for its success.

THE announcement of the death of the elder Jäger, the oculist, which we copied from the *Union Médicale*, in our issue of the 4th inst., was a mistake. The error is corrected by M. Sichel in the *Union* of the 29th ult.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 13th, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	46	32	78
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.7	34.7	77.4
Average corrected to increased population	00	00	86.02
Deaths of persons above 90	0	0	0

**BOOKS AND PAMPHLETS RECEIVED.**—Notes on the Origin, Nature, Prevention and Treatment of Asiatic Cholera. By John C. Peters, M.D., New York.—Preamble and Resolutions of the Philadelphia County Medical Society upon the Status of Women Physicians, with a Reply by a Woman.—Eighteenth Annual Announcement of the Woman's Medical College of Pennsylvania.—Menstruation, or the Menstrual Flow, an Epiphenomenon of Ovulation. By G. M. B. Maughs, M.D., St. Louis, Mo.—Reports of the Board of Visitors, Trustees, Treasurer and Superintendent, of the New Hampshire Asylum for the Insane.

DIED,—At Framingham, Dr. W. Osgood, aged 49 years.

DEATHS IN BOSTON for the week ending Saturday noon, July 13th, 78. Males, 46—Females, 32. Abscess, 1—accident, 5—aneurism, 1—apoplexy, 2—inflammation of the brain, 1—cancer, 2—cholera infantum, 7—cholera morbus, 1—consumption, 7—debility, 1—diarrhea, 1—diphtheria, 2—dropsy, 1—dropsy of the brain, 1—drowned, 1—dysentery, 3—erysipelas, 1—scarlet fever, 8—typhus fever, 3—gastritis, 1—hæmorrhage, 1—disease of the heart, 1—infantile disease, 3—intemperance, 1—inflammation of the lungs, 2—marasmus, 1—measles, 1—old age, 3—paralysis, 1—premature birth, 1—scrofula, 1—smallpox, 2—disease of the spine, 1—syphilis, 1—teething, 1—unknown, 7.

Under 5 years of age, 30—between 5 and 20 years, 7—between 20 and 40 years, 11—between 40 and 60 years, 16—above 60 years, 15. Born in the United States, 61—Ireland, 11—other places, 6.

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At the annual meeting of the Committee on Wednesday, June 5, 1867, it was decided that no dissertation had been presented on either of the questions proposed, that was worthy of a prize.

The following questions are proposed for 1868:

1. The Physical and Mental Influences of the United States and Canada upon Immigrant European Races.
2. Question of the Contagiousness of Asiatic Cholera in the United States.

The author of the best Dissertation on either of the subjects proposed for 1868, will be entitled to a premium of one hundred dollars.

Dissertations on these subjects must be transmitted, post paid, to John Jeffries, M.D., on or before the first Wednesday in April, 1868.

The following are the questions proposed for 1869:

1. Food in Disease, acute and chronic. Its variety, advantages, dangers, and relation to appetite.
2. The surgical treatment of Hemorrhoids; and the surgical treatment of Fistula in Ano, with its result.

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- 1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.
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Publishers of Newspapers and Medical Journals throughout the country are respectfully requested to notice the above.

Je. 13—cow3t

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EDITED BY  
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**Whole No. 2056.] Thursday, July 25, 1867. [Vol. LXXVI. No. 25.**

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Ap. 11

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Aug. 10

*City Physician, Boston, Mass.*  
Refers to Editors of this Journal.

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Another improvement is the powerful general stimulant property of the Phosphorus, in the pyrophosphate of Iron, which is also added to the action of the substances above named.

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### SESSION OF 1867-68.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1867-68, will commence on Wednesday, September 18th, 1867, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, exclusively by members of the Faculty. Students desiring to attend the Regular Session are strongly recommended to attend during the Preliminary Term, but attendance during the latter is not required.

THE REGULAR SESSION will commence on Wednesday, October 16, and end about the 1st of March, 1868.

THE SUMMER SESSION for 1868 will commence on the second Wednesday in March, and continue twelve weeks. This term will embrace courses of didactic lectures by the members of the Faculty of the Summer Session, together with clinical lectures at Bellevue Hospital, and the Charity Hospital, Blackwell's Island, and the daily recitations. Lectures will also be given by members of the College Faculty.

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### FEES FOR THE REGULAR SESSION.

Fees for tickets to all the Lectures during the Preliminary and Regular Term, including clinical lectures.....\$140 00

Tickets for any of the several departments may be taken out separately.

Matriculation Fee.....5 00

Demonstrator's Ticket (including material for dissection).....10 00

Graduation Fee.....30 00

Students who have attended two full courses in other accredited schools, receive all the Tickets for \$70 exclusive of the Matriculation fee. Students who have attended two full courses in this College, or after one full course in this College, having previously attended a full course in some other accredited school, are required to matriculate only. Graduates of other accredited schools, after three years, dating from the time of graduation to the end of the term, are required to matriculate only; prior to three years, they receive a general ticket for \$70.

### FEES FOR THE SUMMER SESSION.

Matriculation fee (valid for the succeeding Winter Session).....\$5 00

Fee for each of the separate courses of lectures.....10 00

General ticket admitting to all the lectures.....50 00

Graduates of the Bellevue Hospital Medical College will be admitted to the lectures of the Summer Session on the Matriculation ticket; all others will be required to take out tickets.

The dissecting-room will be kept open until about the first of May.

Payment of Fees is invariably required at the commencement of the Session. There are no exceptions to this rule.

Students on arriving in the city are requested to report at once at Bellevue Hospital, situated on the East River, between 26th and 28th Streets, and inquire for the Janitor of the College, who will take pains to aid them in securing comfortable accommodations without delay. Entrance to the Hospital is on 26th Street.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College, Prof. AUSTIN FLINT, JR., Bellevue Hospital Medical College.

For information concerning the Summer Session, address the Secretary of the College, or Prof. HENRY D. NOYES, No 68 Madison Avenue, Dean of the Summer Faculty.

July 18—Oct. 1—cww.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXXVI.

THURSDAY, JULY 25, 1867.

No. 25.

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MEDICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL  
HOSPITAL.—NO. I. SERVICE OF DR. MINOT.

Reported by Mr. WILLIAM L. RICHARDSON.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—*Facial Neuralgia*.—F. W., sea-captain, aged 43, entered the hospital February 12, 1867. He had always enjoyed good health till four years ago, when he began to be troubled with sharp neuralgic pains running from the left corner of the mouth to a point half way between the left eye and the articulation of the jaw. The attacks occurred at intervals of a few days, lasting from a few moments to an hour. In June, 1863, the trouble left him, and he remained free from pain till June, 1864. Since then, he has had scarcely any interval of relief. Previously to entering the hospital, he tried tonics and various antispasmodics, but with no effect. The only relief he has been able to obtain has been from the inhalation of ether, which he has used in large quantities. His general appearance was good; pulse 100; appetite good, but he was able to eat only the simplest things, and those very slowly, as the slightest movement of his jaw, either in eating or speaking, brought on a severe paroxysm of pain. The pain seemed to be located at a point half way between the left ala of the nose and the malar protuberance. The paroxysms occurred about every five minutes, lasting from twenty seconds to a minute or two, and were very severe. A subcutaneous injection of half a grain of sulphate of morphia at the seat of pain, followed in twenty minutes by a full grain, did not give the slightest relief. Ether was administered twice during the night, after which he rested comparatively well.

Feb. 13th.—He was put upon a course of arsenic and iron, and subsequently upon quinine and morphia, in pill, but with no effect. The paroxysms continued as severe as at entrance, the patient requiring from ten to twenty-four ounces of ether in the course of the twenty-four hours. March 8th, he was ordered sulph. strychnia gr.

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$\frac{1}{16}$ , sulph. morph. gr.  $\frac{1}{4}$ , ext. belladon. gr.  $\frac{1}{4}$ , every four hours. Ether  $\frac{3}{4}$  iij. at night, p. r. n. Diet, as good as he was able to take. On the 10th, he reported that he had had the best night since his entrance; but the pain was about the same in the morning. During the day it became less frequent, and the paroxysms lasted a much shorter time.

March 12th.—Severe pain came on in the afternoon, preventing sleep at night. *R.* Bromid. potass., gr. xx., ter die. He had a comfortable night, and on the 13th the attacks were shorter and the interval of relief longer. He continued to inhale ether at night. On the 15th, there was decided improvement, the attacks still diminishing in frequency, but on the 17th the pain rather increased, which the patient ascribed partly to the weather (severe snow storm). The next day was clear and cold, and the pain again diminished.

19th.—“Had the best night’s rest since entrance. Eat his breakfast without bringing on any paroxysm of pain, a thing which he has not been able to do for a long time.

20th.—“Pain very much diminished, and occurs only when he speaks, eats, or is suddenly spoken to. Even then, the paroxysms are of slight severity and of short duration.

22d.—“Complains now of soreness, but no pain.

26th.—“Improving daily. Sleeps well. No pain. Omit ether.

30th.—“Feels well. Asks to be, and may be, discharged, well.”

After the patient left the hospital he returned once or twice, and reported that he had had no recurrence of the pain. Several weeks afterwards he reappeared, to get the prescription of the pills which he took while in the hospital, stating that if he left off taking them for a few days a slight soreness would return in the seat of the original pain.

CASE II.—*Dropsy, without Albuminuria.*—Mrs. M. M., 40 years old, entered the hospital April 2d, 1867. For the previous three or four years she had suffered more or less from palpitation of the heart, but otherwise had enjoyed good health till two months ago, when she caught cold, and for about five weeks was troubled with pain in the left side (not materially affected by drawing a long breath), and with a frequent cough, accompanied by a copious white frothy expectoration. Three weeks ago, she noticed that her feet and hands were beginning to swell, the urine at the same time becoming scanty and high colored. The œdema was worse at night than in the morning. For the last two weeks she has noticed an increase in the size of the abdomen.

Patient in bed; pulse 84, irregular; tongue clean and moist; appetite good; bowels regular; catamenia ceased two and a half years ago; sleeps poorly, on account of dyspnoea when she lies down; considerable œdema of both lower extremities, and well-marked ascites; crackling in the lower part of each lung; first sound of heart at apex prolonged into a moderate soufflé. *Urine* scanty; sp.

gr. 1024; alkaline, and strongly ammoniacal, thick, brownish deposit; no albumen, no casts.

For several days the patient was unable to lie down, on account of dyspnoea, and consequently slept very poorly. The pulse was so irregular and feeble that it could not be counted at the wrist, but by listening to the impulse of the heart it was found to be very rapid, the rate being 160 on the day after her entrance. On the 5th of April it was 144, and continued about the same till April 11th, when it was 112, more regular, and easily counted at the wrist. On the 13th it was at 80, and remained thereabouts during the rest of her stay in the hospital. The dropsy and the dyspnoea increased for several days after her entrance, when they gradually diminished, the improvement being preceded by an increase in the amount of urine, which was first noticed April 11th. On the 14th was noted, "œdema diminishing; urine much increased in quantity." After this, the œdema and ascites diminished rapidly. On the 27th was recorded, "œdema and ascites have entirely disappeared. Pulse normal, except a slight irregularity in the beat. Liver can be felt about two inches below the ribs, on deep pressure, apparently normal." The patient was discharged, well, the same day.

The treatment of this case consisted in the employment of diuretics and hydragogue cathartics, and of a small blister over the heart; with whiskey, of which the patient took one ounce, three times daily, for several days. In the beginning, a drachm each of bitartrate of potass. and molasses was ordered every two hours; this was continued throughout the case, and on April 19th the dose was doubled. A grain each of digitalis and squill, with half a grain of blue pill, was ordered April 8th, and continued three times daily. Under the operation of these diuretics the urine became very abundant. Fifteen grains each of jalap and bitartrate of potass. were also given every few days, which operated copiously on the bowels. All medicines were discontinued April 21st, six days before the patient was discharged.

The origin of the dropsy in this case is obscure. There was a slight cardiac murmur, but not enough to indicate serious valvular disease. The indications from the urine showed that the kidneys were sound, and they certainly did their work well under the stimulus of diuretics. The liver might be slightly enlarged, but there was no decided evidence of its being diseased. It may be remarked that the rate of the pulse recorded the first day (84), was possibly an error of observation, as it was 160 the following day, and continued very rapid for several days. On account of the difficulty of counting it at the wrist, such an error might easily have been made. The rapid recovery of the patient under the treatment is interesting, and as there was no sufficient organic disease to account for the symptoms, it is hoped the cure may be permanent.

CASE III.—*Ulcer of the Stomach.*—L. D., seamstress, aged 24, un-



married, entered the hospital April 10th, 1867. States that her health has always been good till about three years ago, when she began to complain of soreness in epigastric region, accompanied by pain about two or three hours after eating, and swelling of the stomach, causing her to loosen her dress. Soon after the pain came on she would vomit, and then get entire relief from all the above-mentioned symptoms, except the tenderness in the epigastric region, which always remained. The matters vomited would consist either of the food she had just eaten, or, as she described it, of "sour water." Her bowels became constipated. The catamenia irregular, occurring sometimes every four weeks, and sometimes being absent for three months. During the last year and a half she had been obliged to lie on her left side. Eight months after the trouble first began, she had an attack of hæmatemesis, during which she raised, according to her own account, "two quarts of dark-red, clotted blood."

*Symptoms on admission.*—General emaciation. Weight, 85 pounds. Pulse 112. Tongue natural. Bowels costive. Catamenia irregular, not present for four months. Appetite poor. Pressure on almost every part of left hypochondrium causes pain. Well-marked tenderness immediately below xiphoid cartilage. Complaints of pain in epigastric region after eating; this is relieved by vomiting, which usually occurs about two hours after taking food. On swallowing, she complains of a feeling of stoppage about the cardiac entrance of the stomach.

She was placed upon a carefully regulated diet, consisting chiefly of milk and gruel, with fresh meat to chew, but not to swallow. An ounce of sherry wine was allowed daily. Compound tincture of iodine was applied to the skin, over the epigastrium; and fifteen drops of the tincture of the muriate of iron were given three times daily. The bowels were regulated by laxative pills, an occasional dose of castor oil, and a daily enema. An attempt was made to bring on the catamenia by a current of electricity passed from the pubes to the sacrum, but without effect. Under this treatment the patient improved very much, though occasionally there was a partial relapse. The pain and vomiting diminished, and there was a decided gain in weight. On entrance, she weighed 85 pounds; April 17th (seven days afterwards), the weight was 87½ pounds; a week afterwards, it was 89 pounds. At the time of leaving the hospital, it was 95 lbs. April 14th, there was vomiting of an acid fluid, but not of food. The iron had been gradually increased to twenty-five drops three times daily, and as a disposition to vomit after taking it was noticed, it was omitted, May 1st, and the subnitrate of bismuth was substituted for it, in the dose of eight grains three times daily. In view of the great emaciation of the patient, an attempt was made to give her cod-liver oil, but the medicine caused much vomiting, and had to be given up. A grain of the iron by hydrogen, three times daily, was then tried, but as the vomiting still continued, this was

exchanged for the bismuth again, with a quarter of a grain of opium night and morning. Afterwards, a few grains of the pulv. kino comp. were added to the bismuth. By the end of May the improvement was manifest, and the patient, who had previously been confined to her bed or arm-chair, was able to walk out. The complexion was healthier, the appetite improved, the nights were good, and the pain in the epigastrium ceased.

June 2d, the record says, "improving daily; no pain in epigastrium; took a long walk yesterday." June 3d, she was discharged, "much relieved."

This case was a typical one in all respects. The emaciation, the pain on pressure below the ensiform cartilage, extending to the dorsal region, the pain after taking food, relieved by vomiting—the vomiting of blood, the amenorrhœa and the constipation, form a group of symptoms which is perfectly characteristic. The emaciation of the patient was very great, as may be imagined from the fact that her weight, in health 125 pounds, was reduced to 85 pounds at her entrance, though she was but slightly under the medium height. She was, in fact, literally half starved. From the sensations which the patient experienced on swallowing, it was inferred that the ulcer (or one of them, supposing more than one to exist), was situated near the cardiac extremity of the stomach.

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#### ON BRYONIA ALBA.

By JOHN C. PETERS, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

THIS remedy was well known to the ancients, and its use has been revived in modern practice. It was formerly much prescribed as a hydragogue cathartic, deobstruent and diuretic, especially in rheumatic, bilious, congestive and dropsical cases.

It is generally regarded as very similar to jalap in its effects, and Pearson thought it might be used as a cheap substitute for this medicine; but Wood and Bache say that it has been properly superseded by jalap, because the latter is not only more certain, but less acrid than fresh bryony, and not so liable to lose its strength by age. I am very confident that it more nearly resembles colchicum in its action than any other remedy, and possesses few or no powers which are not attributable to that well-known and much more useful medicine. Thus, Lindsay says bryonia is an acrid purgative, producing, in large doses, violent vomiting and purging, with more or less tormina, profuse watery evacuations, and fainting. It has also been used almost exclusively, and from time immemorial, in those diseases in which colchicum has been found most useful. Galen relied upon bryonia in gout. Alexander Trallian, in rheumatic pleurisy, stitches in the side, sciatica, and swellings of the joints. Louriger, in rheu-

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matic bronchitis, asthenia and spitting of blood. Culpepper says it wonderfully helps many old and tedious coughs (which are generally rheumatic, catarrhal in their nature), and those who are troubled with rheumatic shortness of breath, and cleanses the chest of "rotten phlegm." In Frank's Magazine, three cases of inflammatory rheumatism are reported cured in a few days with from two to five or ten-drop doses of the tincture of bryonia.

As a simple or bilious purgative, it was used by Cælius Aurelianus in jaundice; by Dioscorides in vertigo, melancholy and epilepsy; by Sydenham in delirium and mania.

The action of colchicum in suppressing the secretion of milk is well known. The same power was attributed by some ancient authors to bryonia. In France it is in common use, in large and dangerous doses, for the purpose of stopping the secretion of milk in recently confined women. It is also given in inflammations of the breast. It has been supposed to rival aloes and black hellebore as an emmenagogue. Estmuller says it brings on the menses and sometimes causes abortion. Paulli says it has been used as a specific in diseases of the uterus of every kind, either to induce the menses, or expel a dead fœtus, or remove obstructions of the womb, and cure hysteria.

Stephenson and Churchill say that the dried root of the bryonia dioica, or red-berried bryony, is a remedy of no little value [like the apocynum cannabinum] in dropsical cases, as they can testify from pretty extensive experience. They infused half an ounce of the dried root in a pint of boiling water, added one ounce of spirits of juniper, and gave a wineglassful every four hours, till numerous watery evacuations and copious secretion of urine took place. But, like all irritating purgatives, it occasionally acted too powerfully, when opiates and cordials were required to counteract it. Arnaud also used it in passive dropsy. Trautman used the bryonia alba in arthritic hemicrania and in rheumatic deafness; Hartmann in rheumatism of the womb; Montgarni in [rheumatic] dysentery, diarrhœa and colic. According to Tyrrell, the black bryony is the best application in bruises, black eyes, and ecchymosis of the conjunctiva, and is much employed by professed pugilists. It should be deprived of its outer bark, then finely scraped and mixed with bread crumbs or flour and water into a proper consistence; the whole to be enclosed in a thin muslin bag and placed over the injured part. In most cases, the discoloration will disappear in forty-eight hours, or more quickly than when arnica is used; but a fresh application is required every six or eight hours. It is considered so efficacious in France, that it is vulgarly called the "herb for bruised men."

In all the above diseases and others, colchicum will generally be found more useful than bryonia. Rheumatic headaches may be cured and prevented by from five- to ten-drop doses of tinct. of colchicum, aided or not by an occasional pill composed of extract of colchicum,

calomel and aloes, one grain each. Rheumatic ophthalmia, scleritis and iritis may be cured in the same way. Rheumatic sore throat, in which the muscles of the pharynx are more involved than the mucous membrane, is often thus relieved. Rheumatic bronchitis is almost as frequent as rheumatic pleurodynia, lumbago and sciatica; and many cough mixtures are rendered more efficacious by the addition of a small quantity of colchicum. The use of colchicum in rheumatic neuralgia is well known. Some diarrhœas and dysenteries arise from taking cold, and may be followed by acute inflammatory rheumatism. Inflammations of the mammæ and excessive secretion of milk are often controlled by colchicum. It also deserves attention in rheumatic dysmenorrhœa.

#### THE FEVER THERMOMETER.

*To the Editors of the Boston Medical and Surgical Journal.*

As facts gathered from the use of the so-called fever thermometer are engaging the attention of the profession at the present time, you will confer a favor by calling the attention of Dr. Paige to his report in the JOURNAL a short time since of his case of the "young man 18 years of age," who came to him after "feeling badly ten days," with some diarrhœa, &c., and whose symptoms three days after indicated a case of typhoid fever of "*rather more than usual severity*," and in whose case, six days later, "there were perceptible signs of convalescence," after which "the case progressed (in convalescence) finely" for four more days. In the evening of the thirteenth day from the date of the patient's first call, his brows were corrugated, pupils contracted, disagreeable feeling in head, &c.; and in less than twenty-four hours "death ensued," confirming the Doctor's prognosis and the value of the thermometer in diagnosis!

This is really a striking case, and shows how one attracted by a novelty may lose the way to truth. Looking with confidence on his "fever thermometer," the Doctor saw signs of convalescence the *ninth day* of the fever.

Now may we not reasonably doubt his diagnosis in this case? We certainly need more light on several points. How long before the patient's first call had he "*some diarrhœa*"? Did it continue? What was the nature, &c. of the discharges? What was the condition of the brain and of Peyer's patches, &c. after death? Were there rose spots, &c. &c.? Did he have one reliable typhoid symptom?

Whether this case was one of typhoid fever, or one of those hidden, insidious instances of meningitis from the start, I fail to see any marked advantage gained by the use of the thermometer. In the first place, the general appearance of the patient and the fact that he had been ill ten days with diarrhœa, would be quite sufficient to excite suspicion that he was under some specific influence; and

then again the excited condition of the patient, the contracted pupil, and the corrugated brows, with *hot* skin, were as significant as symptoms well could be. And while we see that the thermometer was useless at the beginning and end, we also feel that it was really injurious by declaring the fever at an end in the middle of the second week, although that fever was of "more than usual severity."

*Lawrence, June 24, 1867.*

G. W. G.

### CASE OF FACIAL NEURALGIA.

By NORRIS FOLSOM, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. A., about 22 years old, one year ago, not as strong and rosy as usual at the time, was suddenly seized with intense pain in the right temple, which continued for three months, in spite of external and internal remedies; the pain and loss of sleep reducing her considerably. The pain was worse at night, but never ceased entirely. It disappeared suddenly, without known cause.

Six weeks ago, she wet her feet (it was *not* during menstruation), and the pain suddenly returned. A brisk cathartic, followed by quin. sulph. gr. i., tinct. ferri chlor. gtt. xv., three times daily, the use of a hop pillow, and friction with camphor, gave no relief. Tongue coated; pulse frequent; no appetite; very little sleep; confined to bed. One week from seizure, she was found weeping bitterly from pain. One fourth of a grain of sulphate of morphia, in solution, was injected subcutaneously at the most painful and tender spot, at the middle of the temple. Relief ensued in ninety seconds, and sleep in twenty minutes. No nausea or other unpleasant symptom. Some tenderness and slight aching the next day. None since.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. BY Z. B. ADAMS, M.D., OF ROXBURY, ASSIST. SECRETARY.

A stated quarterly meeting of the Norfolk District Medical Society was held at the Phoenix House, Dedham, July 10th, 1867, at 11, A.M. The President, Dr. Cotting, in the chair. The Records of the last meeting were read by the Secretary, Dr. Jarvis, and, after a few verbal corrections, approved.

Dr. C. E. Stedman, of Dorchester, read a case of prolapse of the funis treated by the method of Dr. T. Gaillard Thomas, by taxis and posture of the mother, on the elbows and knees; a method scarcely recognized by authors, or spoken of only with doubt. Churchill states that the greater number of children are lost in prolapse of the funis. Dr. Stedman's case was perfectly successful. His neighbor,

Dr. Fifield, had a similar case, which was equally successful. (Paper on file for publication.)

Dr. Channing, of Dorchester, had been successful in passing the funis above the head, and retaining it until it became fixed by the descent of the head.

Dr. Stedman said that Dr. Thomas's method has the advantage of simplicity, and requires but little dexterity.

Dr. Allen, of Roxbury, asked how this method worked in case of footlings. He said that in such cases he believed the cord would have to be replaced and protected from pressure by the fingers, or in some other way, as formerly.

The Chair announced the subject for discussion—"The Treatment of Pneumonia."

Dr. Robinson, of Roxbury, first on the list, confined his remarks chiefly to the history of the treatment of pneumonia, but advocated rational and expectant practice. In Bennet's cases, 1700 and upwards, a very large percentage in favor of the supporting, tonic, or stimulant plan is shown. His own, Dr. Robinson's, treatment was sedative during the violence of the fever, soon giving way to stimulants and tonics.

Dr. Salisbury, of Brookline, next in order, stated that he should be obliged to draw upon authorities for what he had to say, inasmuch as he had been requested, to prevent repetition, to speak more particularly upon venesection, &c. in pneumonia. Theoretically, he thought the practice of bleeding in pneumonia could be defended, and it certainly has the authority of great names, like Andral, Laennec, &c. Louis, however, to the minds of many, had proved the fallacy of these views. For his own part, Dr. Salisbury said he believed it to be a practice still justifiable.

Dr. Seaverns, of Roxbury, said he used opiates, preferably Dover's powders, every few hours, believing that relief from discomfort, causing a tranquil state of the mind, greatly relieved the dyspnoea and rapidity of respiration; locally, warm fomentations, &c. to the chest. Food, stimulants and tonics during resolution, with counter-irritation by iodine, or turpentine stupes, in convalescence, to dissipate the consolidation of the organ. Dr. Seaverns said that the mortality of Bennet's cases was greater than any that we know of here.

Dr. Spooner, of Dorchester, believed that pneumonia required different treatment in different patients, and under different circumstances and conditions. In young children it is rarely fatal. Dr. Spooner used tincture of aconite, one drop every few hours, and cold fomentations covered with dry cloths to chest, renewed frequently, until general moisture of skin ensues. Rarely the cases last more than two or three days; sometimes there is irritating cough, requiring expectorants and opium. In the period of resolution, hot fomentations to the chest. With this treatment Dr. Spooner has never lost a case under ten years of age. In adults, he used mustard and flour to chest. In old age and feeble patients, aconite has no effect, and pneumonia is frequently fatal to such. He spoke highly of tincture of aconite in pneumonia, and placed aconite by the side of opium in its general value. He said cold water should not be applied to the chest after moisture of the skin appears; but that it was very useful in subduing the inflammation of pneumonia.

Dr. Stedman, of Dorchester, said that he could scarcely conceive of a more embarrassing position than that of a young man, who went by the books, on being called to a case of pneumonia—so various and contradictory were authorities on the subject of its proper treatment. The fact is, that pneumonia is frequently fatal when double, but rarely so when single and uncomplicated. He had been in the habit of using antimony combined with laudanum in the treatment of pneumonia; also poultices to the chest, the administration of fluid food, and the prompt resort to stimulants.

Dr. Channing, twenty-one years in charge of a large hospital, his colleague being Dr. James Jackson, asked the latter once, why do you bleed in pneumonia? contrary to John Hunter's theory of inflammation. Dr. Jackson said, "I bleed to diminish agony," and that is the use of bleeding in pneumonia—it relieves pain. Being called once to a young man in pneumonia, many years ago, Dr. Channing gave him calomel in scruple doses, with antimony and opium, with almost instant relief, and without producing pyalism or any bad symptom. Another case followed soon after, with similar treatment and a similar result.

Dr. Adams, of Roxbury, gave the opinion and treatment of Dr. G. Stevenson Smith, Resident Physician of the Royal Hospital for Children, of Edinburgh, in his book on "Pneumonia in Young Children." Like other acute diseases in children, pneumonia generally terminated favorably. Treatment varied according to the individual symptoms. Three principal indications were:—1st, degree of fever; 2d, strength of patient, judged by the pulse chiefly; 3d, extent of the disease. Occasionally, in extreme cases, gave wine; ipecac or antimony, liq. ammon. acetat. and spts. æth. nitros.; sometimes tinct. digitalis and nitric acid. In the great majority of cases, of all types, he has employed a stimulant treatment, wine in tablespoonful doses every three hours; spirit ammon. aromatic; spts. æth. nitros. Diet as full as possible, nourishing liquids. Warm fomentations to the chest, covered with Mackintosh to prevent evaporation. During resolution, stimulants, cod-liver oil, with iron, &c., and embrocations of iodine, croton oil, &c. In short, in all cases, a simple constitutional or symptomatic treatment, never specific nor directed to the disease; and in the great majority of cases, stimulants from the beginning.

Dr. Fifield, of Dorchester, said the question was most often one of diagnosis, and that many men flattered themselves that they had succeeded in pneumonia, when in fact it was something else. He said that when there was relief from the application of mustard, or some such slight thing, he doubted if we were not mistaken in supposing we were treating pneumonia. He said he believed pneumonia never ended in chronic hepatization. Such cases were probably cases of effusion into the pleura. The deposit of an adventitious plastic substance may be doubted by some, but he believed in it, although he could not explain that nor the so-called gray hepatization. Dr. Fifield believed that pneumonia, being a deposit of plastic material into the substance of the lung, was to be treated as the testicle or eye under similar circumstances; he therefore believed in mercurial treatment in such cases. This might be old-fashioned, but he proclaimed himself an advocate of bleeding, with calomel and opium, in strong men affected with pneumonia.

Dr. Greene asked about the difficulties of auscultation in infants.

Dr. Seaverns said that there was a stage of pneumonia in infants previous to crepitus, characterized by puerile respiration.

Dr. Fifield said that it seemed to him that in children pneumonia is early characterized rather by puerile respiration in parts not affected than by crepitus in those that were.

Dr. Spooner said that he never diagnosticated pneumonia in a child unless he heard crepitus. Thought this not difficult.

The President, in summing up the discussion, said that before answering the question "what shall he do with it," it may be well to consider what it is that the practitioner has to deal with.

Pneumonia is a disease produced by a peculiar cause, as real and as undiscoverable as that which produces any other disease. When uncomplicated, it is confined to the lung proper, though it is not ascertained with certainty in what portion of this it takes origin. According to modern investigations, the disease is characterized by the development of granular elements; and there is authority\* for saying that the usually described stages have no foundation in science. The process is the same throughout its whole course. Congestion, as a stage of pneumonia, is a misnomer. The change of color in the diseased portions is attributable to accumulation of the cell-elements and the disappearance of blood.

Pneumonia has its limits in what is called hepatization, at which period the lung is useless for aëri-fying blood, and vesicular respiration ceases to be heard.

It is often rapid in its progress towards culmination; and hepatization, so far as physical signs show, may be resolved in twenty-four hours, or even less. Although a simple attack may not require a week from beginning to convalescence, it is occasionally of a progressive or wandering nature, sometimes attacking successive portions till it has completed the entire circuit of the lungs. In one case, reported by Dr. Ellis, it was twelve days in going from the base of one lung round through the other to the top of that in which it began. The case proved fatal, but the part of the lung first attacked was found nearly restored, while other extensive portions were hepatized.

It sometimes stops in hepatization and fails to resolve. In this case it becomes the so-called *chronic pneumonia*; and after weeks, or rather months, the substance of the lungs gives way; they become disorganized, filled with cavities, and take on all the characteristics of tubercular degeneration.

The disease is often complicated by involving (by continuity) the bronchial or pleuritic surfaces, and then becomes *broncho- or pleuro-pneumonia*.

If such is the pathology of pneumonia, what shall be done with an uncomplicated case, properly diagnosticated?

As there is no drug known that will prevent an attack, so experience, as well as present science, teaches that there is no procedure capable with any certainty of annihilating or arresting the disease in its progress.

As the development of the granular elements does not depend on

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\* Prof. C. Ellis, M.D. Records of the Boston Society for Medical Improvement, February 7, 1864. Vol. v. pp. 182-3.



increased flow of blood to the part, abstraction of blood, even if it could be from the very seat of the disease, seems uncalled for. Careful observations (such as Louis's and Jackson's) confirm in practice what science itself indicated.

In student days he had repeatedly performed venesection in the Hallian manner by direction of teachers. The patient was sometimes, not always, made easier for a short time—but it was the relief of exhaustion. The disease was not arrested, nor the patient's condition ultimately improved. Perceiving this result, his first patient with pneumonia, though a full-blooded man, he did not bleed. It required not a little courage at that time to abstain—for had the patient died, a young man's *neglect* would have been denounced by all the older members of the profession, and perhaps ruined him. Innovations are not so hazardous now-a-days.

Drugs causing violent commotion in the stomach and bowels, *emetics* and *cathartics*, strange as it may now seem, have been thought capable of arresting pneumonic disease—a peculiar process in different and distant organs. They have, in this neighborhood, for the most part passed out of fashion.

*Nausea*, in itself quite intolerable, was formerly often continually kept up by antimony, given to "tolerance." Happily, this too is now seldom resorted to in the expectation of jugulating the disease.

*Veratrum viride*, *digitalis*, and the like, have been tried, in the hope that by reducing the frequency of the pulsations the disease might be stayed. The plan has evidently little or no basis to rest upon, for the amount of blood to be aerated being nearly the same as before the attack, and the aerating organs being diminished by the disease, the heart, compelled to throw much less quantity at each beat, must move more rapidly, and the respirations must correspond in frequency, to accomplish the increased work required of the remaining healthy portion of the lung.

*Blisters*, *sinapisms*, &c. may be borne, possibly without increasing greatly the dangers of the disease; but he never saw benefit from their use, or philosophy in the theory of their application.

Expectorants, and all the farrago of "mixtures," if they accomplish anything, do this at the expense of disturbing the normal action of the stomach and digestive organs.

In all this, it must be borne in mind, he was speaking of "abortive treatment" only—or treatment to jugulate and cut short the disease.

Pneumonia, then, being a disease which cannot be shortened or removed by violence done to other organs, or the system generally, we must look, he said, in other directions for a *curative* plan of treatment. A general statement made in another place may be applied to pneumonia in particular. When the "disease" has obtained foothold in the system, we may remove as far as possible obstacles to the natural progress of its 'succession of processes,' and sustain the system as well as may be in its power of endurance, until these processes are duly and safely completed." In doing, or attempting to do this, there should be no prejudice against using for temporary purposes any of the appliances or drugs usually resorted to, but the individual case should be studied, and the person rather than the disease should be treated. While the action of one organ or set of organs is impeded, the others should be kept in as normal a condition as possible under

the circumstances, and the general system supported under the extra strain put upon it. Pain should, as far as seemingly advisable, be subdued, but opiates are not necessary for the relief of discomfort merely, nor to be pushed in all cases. Food and drinks need not be feared, nor should they be crowded into the stomach—the same may be said of stimulants. The skin should be kept warm, especially over the chest, for which purpose cotton batting is a good material (Aretæus seventeen centuries ago said “wool”), but heavy clothing and disagreeable appliances should be avoided. Beware of the *nimia cura curandi*. Save the patient, no easy matter, from the officiousness of well-meaning but injudicious and unskilled friends. In a word, as Trousseau said of croup, “hinder from dying,” if possible, while the disease runs its allotted course.

Dr. Draper, of West Roxbury, gave an account of the stabbing of young Cleary. Most prominent was a wound five inches long obliquely across the upper part of the thigh, near Poupart's ligament, in the vicinity of the femoral artery. Only one external incision, but going in two directions, the knife having been partially withdrawn and then pushed in again. It cut across one small branch of the femoral artery, grazing and partly dividing the main vessel. Assisted by Dr. J. Stedman, of Jamaica Plain, gave him ether, but he died before ligation of the arteries was effected. He was also found to have a deep wound in the shoulder close to the bone. He died of exhaustion from hæmorrhage previous to reaching his home. There was little or no bleeding after that. He walked 132 paces after he was stabbed.

The Committee to whom was referred the selection of a subject for discussion at the next quarterly meeting, reported “Extraordinary and unsuccessful cases, elucidated by autopsies.” Accepted.

After a remarkably full meeting, the Society adjourned at 3½, P.M.

### Bibliographical Notices.

*Les Formes du Corps Humain corrigées, et, par suite, les Facultés Intellectuelles perfectionnées par l'Hygiène.* Par F. DANCEL. Paris. 1865.

THE brochure of 100 pages, with the above title, sufficiently attests the claim of Dr. Dancel to be styled a practical physiologist. His observations are ingenious and interesting, and would seem to be in some measure original.

Assuming that exercise and inaction modify the development and power of the organs in living bodies, and that different varieties of vegetables and species of animals are obtained by modifying the conditions under which they are placed, he urges that similar results are equally desirable in the human species, where no systematic effort to attain them has yet been made.

He asserts that there are not in man various temperaments, each with its peculiar advantages, but only two, the sanguine and the lymphatic, corresponding respectively to the strong and the weak constitution. The other so-called temperaments—the nervous and bilious—are but modifications of the lymphatic, and share its imperfections.

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His propositions are, further, that in perfect health there is absence of peculiarity of temperament; on the one side of this standard is the sanguine temperament, deriving its defects from the power of the organism, and, on the other, the lymphatic, nervous, bilious, and their compounds, deriving their defects from the weakness of the organism. Therefore, a nervous-sanguine or a bilious-sanguine temperament is an absurdity.

The sanguine temperament takes its source in a blood rich in quality rather than in quantity. A woman may have much blood, and yet her temperament is lymphatic, for, in her sex, the blood always falls below the standard of the sanguine in the proportion of the blood-globules to the watery parts. Thus, in respect to temperament, what is bad in a man may be good in a woman.

The man of sanguine temperament has a broad chest, is of medium height, moderate plumpness, well defined muscles, face oftenest free from color without being pale, and never with that roseate whiteness peculiar to women and lymphatic men. Promptness and energy, combined with endurance, are the traits peculiar to this constitution.

It is in the prime of life that these characteristics are manifested, for children and old men have not blood of the needful degree of excellence.

Fouquier is wrong in contending that a feeble constitution has certain advantages, intellectual and physical, over a strong one; for while woman is perfect with the mental and bodily characteristics peculiar to the lymphatic temperament, a man, having the same temperament, can never act his part in life as well as the man of sanguine constitution. While many men of lymphatic temperament have won a name in history, it is generally when devoted to some one pursuit, while the men of commanding genius, like those of herculean strength, have been of medium size and sanguine temperament.

Following these preliminary reflections, detailed advice is given how best to diminish obesity, to check emaciation, to favor the development of the body in height, and to hinder its too great growth in that direction.

The means of diminishing excessive corpulence have been published chiefly by Englishmen, and the case of Mr. Banting has become historic; but Dr. Dancel claims that the substance of all that has been written on the subject is derived from his *Précépes pour diminuer l'Embonpoint*, first published in 1851.

He likewise asserts that treatment for the relief of obesity has been carried on sufficiently long under his direction to enable him to state confidently that the lymphatic temperament, which obese persons always possess, can be effectually converted into the sanguine, so that the happy individual can thenceforth indulge in the pleasures of the table without fear of a relapse into unwieldiness.

For the rest, suffice it to say, that many valuable suggestions of a practical character are to be found in Dr. Dancel's pamphlet, which will repay its perusal; while portions of it, as, for instance, his counsel to young ladies who are insufficiently adorned with adipose tissue, are rather French, and may excite a smile in the reader.

J. S. G.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, JULY 25, 1867.
 

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## THERAPEUTIC REVIEW.

WE translate from the *Union Médicale* the following extracts from a "Therapeutic Review." One or two of the inferences, would, it seems to us, bear qualification.

"Experiments made in the hospitals of Paris appear to have solved the question of the value of hypodermic injections with acetic acid into cancerous tumors. Employed by M. Tillaux, in the case of an old man at Bicêtre whose face was half destroyed by a cancer, they only temporarily arrested the progress of the evil, and the ulceration soon recommenced its invading march. The disease was not checked at all in the case of a woman placed under the care of M. Maisonneuve at Hôtel Dieu, the nose and cheek of the subject having been eaten into by an ulceration of bad aspect. The most favorable case is a patient of Prof. Laugier affected with canceroid of the under lip. A considerable diminution of the tumor was manifest after the simultaneous employment of injections and external applications. But the amelioration ceased at the end of a few weeks, when recourse was had to the knife. (*Gaz. des Hop.*)

"This is the upshot of the benefit derived from this alleged specific, which, for a short time, made as much noise in the medical world as its predecessors, and yet is already no longer one of the questions of the day, even at London, its place of origin. Better than *a priori* condemnations these clinical experiments show its anti-cancerous inefficacy. As a residuum of these experiments, however, we may retain as incontestable the restricted action of this acid in suspending or arresting the progress of certain epithelial or canceroid tumors of the face, which M. Guéniot was the first to perceive and explicitly point out. The greater part of the cases in which it has been employed testify to this palliative action. Cure even has been the result in some cases; but that does not by any means imply an anti-cancerous power, since from all time divers agents, like the chlorate of potash among the latest, have produced the same effect. The practical conclusion on this subject is to revert to and insist upon the employment of this acid in *noli me tangere*, varying its pharmacologic form, and using it either as a paste, as does M. Guéniot, or in solution, by way of lotion or injection.

"As to injections, in view of the atrocious pains they produce and which are prolonged six or eight hours, M. Fleming having associated with the solutions used from one to two centigrammes of acetate of morphine, in a case of scirrhus of the breast, met with a most happy result. The patient went to sleep almost immediately, and awoke four hours after, free from suffering. The effect was confirmed by a repetition of the experiment.—(*Lancet*, February.) The obstacle to their use is thus surmounted, and they can henceforth be employed with facility.

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"The hydrochlorate of ammonia, as a sedative to the pains of senile gangrene is a veritable novelty which comes to us from the provinces. The fact is unique,

it is true, but is its own confirmation, and thus deserves to be reported. A lady of 83 years suddenly experienced intolerable pains in the right foot, not yielding to opiate cataplasms. No trace of inflammation was found. The next day, M. Ch. Gru noticed a general blue black tint extending to the tibio-tarsal articulation, where a narrow border of rose color gave a distinct indication of the line of demarcation between the healthy and the diseased parts. The pains were more acute in the second and third toes, with no exterior manifestation of the cause of this difference. Foot entirely cold, though it felt to the patient as if devoured by fire.

"In spite of the injection of one gramme of the gummy extract of opium, and of 5 grammes of laudanum, without counting the quantity employed in quite as large doses exteriorly, the pains persisted with increased violence. They wrung cries from the patient, whose altered features and livid face proclaimed death imminent.

"At this juncture M. Gru thought of the hydrochlorate of ammonia with which he had succeeded in certain inflammatory engorgements, and he entertained a hope that he could (gangrene being admitted by coagulation of the blood in the capillaries) liquify the coagulum and re-establish circulation. The diseased foot was then plunged into a pediluvium containing 250 grammes of the above-mentioned salt, and after two hours of immersion a notable alleviation took place. Fomentations with the same solution followed without intermission; for the pain reappeared as soon as the compress was removed. The patient had a good night, the normal heat and color returning by insensible degrees under the action of this topical application.

"An incontestable proof of the accuracy of the diagnosis set up, is the subsequent dropping off of the second toe, leaving a wound resembling a black cherry with the skin taken off. Under cinchona dressings it healed. But a year after, the same precursory signs of gangrene re-appeared at the same place, and were followed by a blackish phlyctæna midway of the external border of the foot. Underneath this phlyctæna was a spot of gangrene occupying the superficial layers of the skin. Now, the hydrochlorate of ammonia employed at once internally and externally triumphed immediately over these symptoms. Its sedative action upon the pains of senile gangrene is therefore indubitable. (*Bull. Méd. de l'Aisne*, No. 3.)

"To theorize upon the *modus operandi* of the ammonia in such a case would be useless. We must rest upon the fact itself without seeking to interpret it. But the case is different as to its employment in large doses in tetanus, which Dr. MacAuliff has brought into repute by four successful cases, since which another has just been reported by Dr. Bertheau. A contingent of five successful results in this so formidable neurosis, they being brought about by the same remedy, is itself worthy of notice. But the sweating which constantly followed the use of the latter is still more remarkable. Upon the ground that tetanic symptoms terminate (*se jugent*) by an abundant spontaneous diaphoresis—as it were an effort of nature to throw off disease—the English physician wishing to imitate that effort, prescribes, as a diaphoretic, every two hours, until the cessation of the symptoms, a tablespoonful of the following solution, viz.: water, 600 grammes; liquor ammoniæ, 15 grammes; sugar, 5 grammes. M.

"In the case of idiopathic tetanus of M. Bertheau, it is in the dose of 8 grammes per day, in 400 grammes of the vehicle, that the ammonia has been ad-

ministered; and that, during five successive days; then 5 grammes during eight days more—making 80 grammes in thirteen days—an enormous quantity most assuredly. Now, it is remarkable that from the day when the ammonia was administered—leeches, blisters and antispasmodics having been previously used without effect—copious sweats set in, and the tetanic state, stationary for four days, progressively diminished till it ceased. (*Gaz. des Hop.*, No. 140; 1866.) Induction here permits the inference of a manifest diaphoretic action, without regard to what may be said by the *neo-vitalistes* as to its being a physical effect of rigidity, of muscular contraction and of oppression. It seems to us to act in the same manner as opium and morphine in large doses, the use of which is doubly rational here as calming spasm, and favoring diaphoresis.

“Confirmation of the efficacy of sudorifics is found in a case of tetanus supervening the twenty-fifth day of a typhoid fever, in a child of ten years, when he was apparently beginning to convalesce. He was cured by “moist heat.” Doctor Brissey, called in consultation, proposed to try the moist heat employed with success by a naval surgeon who placed his patients in the hold of his ship. A fire was at once kindled in the huge Dutch oven which served the purpose of a stove in the chamber, and an enormous caldron with several other vessels filled with water were placed upon it and heated to the boiling point. The chamber being kept closed, it became filled with a thick vapor, and after five or six hours of confinement in this uncomfortable medium, all the tetanic symptoms, except a little pain and lassitude in the limbs, were dissipated as by enchantment. (*Presse Med. Belge*, No. 51.)

“Although the above experiment relates to a rare and singular complication of typhoid fever, it seems to us worth while to call attention to this remedy as one of the most rational. If this derivative method of treatment is the best, the most sure that can be employed, it only remains to perfect the means of obtaining a prompt and complete effect, as for example, by using the vapor bath, or a *vaporarium* such as has been established at Reims, in pursuance of the experiments made at Hôtel Dieu by Prof. Trousseau.” \* \* \*

“In a case of ascites, or rather of anasarca symptomatic of Bright’s disease, Doctor Alvarenga obtained remarkable success by the aid of electricity, after purgatives, diuretics, tannin in large doses, tonics, and alteratives had been used without effect. There were renal pains, with urine scanty, amber-colored, of a specific gravity of 1,021, and containing a great deal of albumen, in flakes or clots. Having entered the hospital of Desterro, the 25th of April, 1866, the patient was treated solely by applications of Clark’s Electro-magnetic battery on the 16th of September. One of the poles, fitted with a sponge, was carried over the lumbar region, while the other was made to traverse different points of the abdomen.

“From the 23d of September, the patient was comforted by the absorption of the infiltration. Urine lemon-colored, limpid, less dense, less albuminous, and more copious every day. Thus, from 60 ounces the 23d, it rose to 85 the 24th, and to 120 the 26th. But, the application of the electricity being suspended the next day, the quantity of urine fell from 100 ounces to 80 on the 29th, to 68 the 30th, and to 58 the 1st of October, becoming at the same time more and more dense, vermilion-colored, alkaline, and giving a whitish alkaline deposit containing a good deal of albumen.

“The electricity applied anew brought back the diuresis, and the previous

amelioration to the extent that the heart, which, at the outset, was displaced transversely (*trochocardia* of the author) had resumed its normal position. The abdomen was flat, flaccid, and free from contained fluid. The liver and spleen were bulky. Thus three times, the aggravation and amelioration respectively coincided with the suspension and renewal of the use of electricity—a peremptory proof of its therapeutic and particularly of its diuretic action. This is also shown by the daily quantitative tables of urine voided. (*Gaz. Méd. de Lisboa.*)

“That there was actual Bright’s disease here, the author himself, as an exact and strict clinical observer, hesitates to maintain. But, the case is none the less one of fine success in the use of electricity, which should hereafter be employed empirically, like tannin in large doses, in analogous instances, where it is very difficult to pronounce upon the cause of the infiltration, and still more difficult to make that infiltration disappear.” \* \* \*

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“In preference to injections containing sub-nitrate of bismuth lauded by Dr. Cossy, a few years since, M. Luc, *Médecin-Major*, proposes starchy injections. These are made with the impalpable powder of starch reduced to a pap sufficiently clear to be injected with water warmed to about 20° [Centigrade]. Used upon the cuirassiers at the infirmary, for recent and old inflammations of the urethra, they were so successful that the Doctor employs them to the exclusion of other injections. The same remedy in the venereal wards also of Prof. Michel of Strasburg, has given the best results. It is used four times a day during the decline of the disease, and after the local irritation has been calmed; in indolent urethritis at the outset. It has the advantage of being economical, of being easily employed under all circumstances without danger from poisonous elements, which is not the case always with bismuth, and of being entirely inoffensive; merits which are not to be despised.” (*Mém. de Méd. et Chir. Militaires.*)

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“Dr. Nunn, an English writer on venereal diseases, relates wonders of the benefit derived from the alternate application of heat and cold in epididymitis. Placed in a hot bath the patient, about every ten minutes, and for one or two minutes only, directs a stream of cold water upon the testicle by means of an India-rubber tube provided with a faucet. Repeated three or four times alternately, this proceeding gives at once a sensation of relief. (*Lancet.*) It remains to decide whether this effect comes from the bath or from the heat and cold. Accordingly, the same result, adds M. Diday, may be obtained in a more simple way, by directing “mediately” and alternatively hot and cold water upon the testicle from the faucets which furnish them. He has also employed the alternation of heat and cold, after the acute stage, by means of hot fomentations, followed by compresses soaked with ‘vegeto-mineral’ water every two hours. (*Gaz. Méd. de Lyon.*) For this remedy to be operative and efficacious a ‘mediate’ action of it is presupposed.”

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The *Union Médicale* hits the nail on the head in a notice of Dr. BIGELOW’S operation for ununited fracture. It says, “far from lauding one process to the exclusion of others, as is too often done, Prof. BIGELOW resorts to a mixed or rather composite method. Combining resection with periosteal autoplasty, and suture of the fragments, he has succeeded ten times in eleven operations. \* \* \* This fact is sufficiently remarkable to be worthy of mention.”

The *Cincinnati Commercial* of July 2d, says: Chicagoans are seriously troubled about the drainage of the city. The ground Chicago stands upon is so flat and so nearly upon a level with the lake, that it is difficult to establish a system of drainage. The Chicago River being merely an arm of the lake, has hardly a perceptible current, and the filth of the city flowing into it makes it as offensive as the Thames in London. Recently the Chicago papers have been largely occupied with the question of disposing of the sewerage. The latest thing done has been to pump the water from the Chicago River into the Bridgeport Canal, and it has been demonstrated that the pump can throw more water than the canal can carry off, and that the banks of the canal have overflowed. The Chicago Journal said a few days since: . . . . The deep-cut proposition is one to cut through the crust of Illinois, so that the water of the Lake Michigan will flow into the Mississippi, and carry with it the washings of Chicago, manifestly an extravagant, if not chimerical project. But the experiment of pumping the Chicago River water into the Canal suggests a possible solution of the difficulty of Chicago under consideration. It is that the city might be seweraged so as to carry the refuse matter into a basin, from which it could be pumped and carried off by a canal, and used to *enrich the prairies*.\* No agriculturist or chemist need be told of the immense value of the sewerage of Chicago if carried into the State by a canal, and made useful as a fertilizer through a system of irrigation.

Baron von Liebig read a note "*On an Alimentary Preparation for Replacing Human Milk for Children*." Human milk of a person in good health contains, per cent., caseine, 3.1; sugar of milk, 4.3; butter, 3.1. Baron von Liebig concluded therefrom that woman's milk contains:—Blood-forming principles, 1 part; heat-producing principles, 3.8 parts. By mixing flour and milk in certain proportions, it is easy to compose a food in which the two nutritive principles are in the same proportion as in human milk—viz., 1 to 3.8. Cow's milk contains, on an average, 4 per cent. of caseine, 4.5 of lactose, 2.5 of butter. If we take, then, 10 parts of milk, 1 part of wheat flour, and 1 part of ground malt, we have a mixture satisfying all the necessary conditions. For preparing this the author recommends the following method:—A mixture is made of 15 grammes of wheaten flour, 15 grammes of ground malt, and 6 grammes of bicarbonate of potash; 30 grammes of water and 150 grammes of milk are then added. The whole is then heated and continually stirred until the mixture begins to thicken. It is then taken off the fire and stirred all the while. After five minutes it is boiled, and then strained through a wire or hair sieve. The ground malt necessary for this preparation is easily furnished by barley malt, obtained at any brewery. It can be ground in a common coffee-grinder, and then passed through a sieve. If this preparation is well made, it is as sweet as the natural milk; it is fluid enough, and keeps for twenty-four hours. In Germany the use of this food is very extensive, and its nutritive qualities are found to be excellent. It has a slight taste of flour or malt, to which children get accustomed—in fact, they soon prefer it to any other food.—*Trans. Acad. Sciences—Paris*, May 20, from *Chemical News*, &c.

*The Art of Prescribing*.—The London *Lancet* for June, 1867, says:—"It is to be doubted whether the improvement in the art of prescribing has kept pace with that of our knowledge of drugs and chemical combinations. Be that as it may, in some of the prescriptions that are handed to the pharmacist to dispense, the most incongruous intermixture of remedies, most dissimilar and contradictory in action, is ordered; whilst chemical considerations are set at defiance, and no regard is paid to the often complex changes that must take place upon the admixture of several different preparations, whose original properties are often completely altered. The real intentions of the prescriber are thus defeated, and the cure indirectly delayed.

"Mr. Daniel Hanbury recently discussed this subject at a meeting of the Phar-

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\* The Italics are ours.—Ed.



maceutical Society. He referred first of all to *unchemical formulæ*, giving as illustrations the combination of chloride of barium, sulphate of iron, and extract of gentian; the chloride being thus rendered inert: and, secondly, a prescription containing iodide of potassium, bicarbonate of potash, citrate of iron and quinine, ammoniated tincture of valerian, and water, the result being the production of a frothy white precipitate of quina, forming a mass suitable for pills. And this exemplifies a point not sufficiently well known—that quina does not combine with ammonia or an alkaline carbonate. *Unexpected combinations* sometimes result, of which the following is an example:—A prescription was written for a mixture, of which the more essential ingredients were Rochelle salts and calcined magnesia; this was taken without particular remark until a dose was swallowed from a bottle of the medicine which had been prepared some weeks. The effect was so disagreeable, and the taste so caustic, that the patient believed some error had been committed, and special inquiries resulted in the explanation that the calcined magnesia, by prolonged contact with alkaline tartrates, had gradually abstracted their tartaric acid, leaving the alkalies in a free and caustic condition.

Dr. GEORGE DERBY has been elected one of the Visiting Surgeons of the Boston City Hospital, *vice* Dr. C. E. Buckingham resigned.

THE chair of Materia Medica and Therapeutics, in the University Medical College of New York, vacated by the resignation of the venerable Prof. Martyn Paine, has been filled by the appointment of Dr. William H. Thomson.—Prof. Thomas M. Markoe takes the place of Dr. William H. Church, deceased, as one of the Surgeons in the Bellevue Hospital, New York.—Prof. Willard Parker having resigned his position as Surgeon in the City Hospital, New York, Dr. Ernst Krackowizer has been elected in his place.—Dr. William H. Van Buren has been elected one of the Consulting Surgeons to the New York Hospital.—In the Albany Medical College, the following appointments have been made: S. Oakley Vanderpoel, General Pathology and Clinical Medicine; James E. Pomfret, Physiology; John V. Lansing, Materia Medica.

THERE were 60 deaths in Providence, R. I., during the month of June, or 3 less than in the preceding month; 8 less than in June, 1866, and 8 less than the average for June during the last twelve years, though the population has increased more than twenty per cent. during the time. The same monthly number of deaths during the year, would give an annual mortality of only one in 75.8; or only 13.2 in each 1000 of the population by the census of 1865. There was not a single death, during the month of June, from any one of the summer complaints; and only 10 deaths of children under five years of age, which was only 16.6 per cent. of all the deaths. The average annual mortality of children under five years, is about 40 per cent. of all.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 20th, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	41	45	86
Ave. mortality of corresponding weeks for ten years, 1856—1866	44.8	41.9	86.7
Average corrected to increased population	00	00	96.3
Deaths of persons above 90	0	0	0

DEATHS IN BOSTON for the week ending Saturday noon, July 20th, 86. Males, 41—Females, 45. Accident, 1—anemia, 1—apoplexy, 2—disease of the blood, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 3—cancer, 4—cholera infantum, 11—cholera morbus, 1—consumption, 10—convulsions, 2—croup, 2—debility, 1—diarrhœa, 1—dropsy, 1—dropsy of the brain, 5—drowned, 1—epilepsy, 1—scarlet fever, 1—typhoid fever, 1—gastritis, 1—disease of the heart, 2—infantile disease, 2—insanity, 1—congestion of the lungs, 1—inflammation of the lungs, 5—marasmus, 4—measles, 2—necrosis, 1—old age, 2—pleurisy, 1—premature birth, 1—puerperal disease, 1—scrofula, 1—smallpox, 2—suicide, 1—unknown, 5—whooping cough, 1.

Under 5 years of age, 37—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 13—above 60 years, 8. Born in the United States, 57—Ireland, 21—other places, 8.

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Ap. 11

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

SAMUEL L. ABBOT, M.D. AND LUTHER PARKS, JR. M.D.

Whole No. 2057.] Wednesday, July 31, 1867. [Vol. LXXVI. No. 26.

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Oct. 16-17.\*

## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LXXVI.

WEDNESDAY, JULY 31, 1867.

No. 26.

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### PROLAPSE OF THE FUNIS.

[Read before the Norfolk (Mass.) District Medical Society, July 10th, 1867, by CHARLES E. STEDMAN, M D.  
of Dorchester.]

AT half past twelve in morning of June 19th, I was called to Mrs. C. D., a thick set little woman, 22 years old, in labor for twelve hours with her first child. On examination, the forefinger just reached the head which was high up, and something presented within the unbroken membranes. The os being well dilated, the waters were evacuated, and the bunch in advance of the head proved to be, as conjectured, the entire cord, pulsating and rolled up into a tight ball of the size of the fist; the head was in the first position. The patient was requested to take her position on the elbows and knees, which she readily did when the necessity for the posture was explained. After carrying the right hand into the vagina, I succeeded, by a little manipulation, in returning the whole cord behind the ear of the fœtus. The hand was kept on the aperture where the cord had disappeared till two slight pains had occurred, and after twenty minutes the woman was released from the constrained posture, and allowed to come over on her left side. There being no further appearance of the cord, and the pains being feeble and slow, she was allowed to leave the bed and walk about the room. In two or three hours the contractions of the womb grew vigorous, and after a very hard labor she was delivered at one o'clock of a large, live boy.

It may be unnecessary to state that this treatment of prolapse of the funis is the "postural treatment" of Dr. T. Gaillard Thomas, and has already given a large proportion of successful cases: if there have been any failures, I have not seen them reported, though several favorable results have been detailed in the journals.

Dr. Churchill says that more than one half the children are lost in cases of prolapse of the cord. If the accident is so fatal, the profession owes much to Dr. Thomas for pointing out so simple a remedy as the taxis combined with such a posture of the patient as

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will allow the weight and slippery nature of the funis to rectify the presentation. Version, unless performed immediately after the rupture of the membranes, is generally fatal to the child and is not always safe for the mother, while the operator's trouble is thrown away if the child is not born rapidly. Late writers mention Dr. Thomas's practice, but do not give him all the credit he seems to deserve. Dr. Bedford says in a foot-note that he "should not omit to mention an ingenious plan suggested by Dr. T. Gaillard Thomas for the reposition of the cord." Dr. Hodge says, "it may be well to follow the suggestion of Dr. Thomas . . . . this probably is an effectual method . . . . should it fail, some of the numerous expedients which have been proposed may be adopted."

Dr. Bedford further :—"I have very little confidence in any of these contrivances. They may sometimes succeed in dexterous hands, but very frequently they fail. . . . It is amusing to hear the facility with which the reposition of the funis can be effected. But, gentlemen, it is one thing to talk and quite another to act."

My friend, Dr. W. C. B. Fifield, tells me that in two cases of prolapsed funis, after unsuccessful attempts to replace it, he had performed version and delivered dead children. Not long ago he was called to a case where a midwife was in charge: he found a soft and dilated os, through which the cord depended, pulsating. Placing the patient on her elbows and knees he carried the cord above the presenting head by his hand introduced into the vagina, administered ergot, and kept the funis back with his hand till the head plugged the brim of the pelvis. The child, though born with little pulsation, responded to treatment in a half an hour, rewarding the Doctor's exertions by a gasp, and is now living.

It is to be borne in mind that a position on the *hands* and knees does not give slant enough to the plane, which must be inclined as much as possible by the patient's resting on her elbows or even shoulders, while if needful a pillow may be placed under her knees, to elevate the hips: and I have heard of a woman's shoulders reposing on a chair while her knees remained on the bed.

If this method requires little dexterity in its execution, and is successful in cases where the doctor is called before the head is jammed into the lower strait, it is no small gain on the old practice of fishing for the cord, and trying to poke it back with whalebones, and tapes, and bags, and wreathing it in graceful festoons about the limbs of the fœtus. If all gentlemen would report their cases of prolapsed cord, treated by this method, whether successful or not, we should soon be in a position to compare the old ways with the new, and find perhaps that the postural treatment is an aid in other presentations. Indeed, I see by the Philadelphia Reporter of the 22d June, that Dr. E. R. Maxson, of New York State, gives cases, in the first of which he replaced a prolapsed cord, and converted an abdominal presentation into a cephalic by the aid of this posture.

Being called afterwards to a case of shoulder presentation, he states that he found little difficulty, after placing the woman on her shoulders and knees, in pushing the child's shoulder away from the brim and bringing the head down, keeping it there till it engaged.

If these somewhat crude observations should induce some of the numerous readers of the Journal to favor us with their experience in this matter, the purpose of their publication will be fulfilled.

## CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 456.]

### IMPETIGO.

THIS eruption consists of small pustules ; whereas ecthyma and rupia give rise to much larger ones. In both of the last named affections the pustules are at length covered with more or less conical incrustations or scabs. Those of rupia resemble the limpet shell: while those of ecthyma are less regular in their formation, and are without the concentric markings of rupia.

Impetigo, like eczema, is very frequently developed in early life. Indeed it is met with in infants and young children oftener than in persons who have reached a mature age. Like eczema, also, its characteristic features in the young differ from those which it exhibits in the adult. But unlike eczema it is usually quite amenable to a judicious course of treatment. It seems fit that our study of the affection should commence with it as seen in that class of subjects which are first and most frequently attacked. The inflammatory action which gives rise to a particle of yellow pus upon the surface of the derma arises from a deeper portion of its structure than the inflammation which produces the transparent vesicle of eczema. This globule of pus elevates the epiderma very slightly, and thus a flattened pustule is formed. The fluid is pus from the beginning. The pustules of impetigo are minute, distinct or formed into clusters, which burst in three or four days from their development and pour out their contents upon the surface, and become covered with thick, laminated or prominent incrustations.

The disease may appear on any part of the body, but its favorite and most frequent localities are the scalp and the face. This is the case particularly as regards young children. At the commencement of the disease the first abnormal condition consists of unusual redness, tension and thickening and pruritus of the skin where the pustules are about to be developed. These are acuminate, of a light yellowish color, hard, with scarcely any inflammatory areola at the base; they are usually formed into clusters or groups, at other times are sparsely disseminated, being at a distance of half an inch or an inch apart (*impetigo sparsa* of authors). These pustules were denominated *pydracious* by Willan; and nearly all dermatologists since his day have adopted this name. When the scalp is



the seat of the eruption, the occipital and vertical portions are usually the only parts invaded, while the forehead and face remain intact. When the pustules are ruptured and their contents exude, incrustations or scabs are immediately formed of irregular outlines, of a light brown color, with frequently a tint of green. They often break very readily into granular masses of unequal size, and are compared by Alibert to the seeds of certain plants, to broken mortar, or to plaster detached from a wall which has become dirty by moisture and dust. The purulent matter in the process of desiccation seems to pass into a state approaching crystallization, and sometimes the crusts assume an appearance like gypsum; hence Alibert styled them lapidescent. The exudation is exceedingly unpleasant so long as it continues in a fluid state, but the peculiar odor passes off as the secretion dries. In some instances the scabs become the hiding place of numerous animal parasites, which with their constantly increasing progeny prove a source of no slight torment to the child; and the utmost care and cleanliness are required to maintain a decent and bearable condition of the little sufferer. The hair is matted together unless it is properly attended to, and in some cases there is partial alopecia, which, however, is but a mere temporary baldness, and very different from that which takes place in favus and ring-worm. The matrices of the hair are not destroyed. They are merely inflamed, and a new crop of hair springs up in a few months, the same as if the parts were never affected. In some instances, the subcutaneous cellular tissue becomes inflamed, and small abscesses form which require to be opened. The foregoing remarks apply more particularly to that variety of impetigo termed by dermatologists, *Impetigo figurata*, and which is more frequently met with on the scalps of young children than the other variety, denominated *Impetigo sparsa*, which will be noticed presently.

The disease has sometimes been mistaken for favus; but the cup-shaped appearance of the crusts in the latter disease is always wanting in impetigo capitis. Hardy classes impetigo with eczema as a sub-division; but we choose to consider it as a distinct affection, although we are free to admit that it is often a result of eczema and has many features in common with it.

If the discharge continues for a long time unchecked and the affection becomes chronic, the incrustations undergo considerable change; and instead of being thin, soft, and yellow, they become thick, hard, dry and brownish and are tinged with particles of blood, are very adherent, and can only be removed by the application of emollient poultices, fomentations or strong alkaline solutions; and when they are detached the secretion, from which they are formed, is found to proceed from numerous points on the surface of the inflamed and denuded corium. The parts in the immediate neighborhood of the crusts continue red, inflamed, shining and tender, and bear traces of the morbid action for several weeks or even months after the

formation of the scabs has ceased; although the eruption seldom leaves any permanent scars or other disfigurement. The constitutional disturbance is rarely of much account, and is merely symptomatic of defective nutrition.

*Impetigo Sparsa.*

This variety or form of the disease is not so common as impetigo figurata. It is characterized by the development of small, solitary irregular pustules on different parts of the scalp, and is met with more frequently in children than in adults. In the latter it is a rare disease. Successive pustules appear, attended by itching and heat in the parts. The amount of the incrustation or scabbing depends on the extent of the secretion. It may be thin and yellow, soft or hard. Its character is influenced a good deal by time. In the early period of its formation and when developed on quite young children at the breast, it is soft and moist; hence the terms of *crusta lactea*, *porrigo larvalis*, &c., of the older dermatologists. There is at times much local irritation, and if nothing effectual is done to check the progress of the abnormal action, it will run on indefinitely and the exudation will furnish new supplies for the augmentation of the scabs in size and thickness; and as the disease acquires age, it will increase in obstinacy. The characteristic symptoms of the affection are of course more fully pronounced, more disgusting and more difficult to subdue in children who have been neglected, and in whom it is allowed to continue without any attempts to check it, than they are in patients that are well cared for and kept in a cleanly condition. In the latter, the disease is generally mild in its features and exempt from those disagreeable accompaniments so often encountered among the children of poverty, filth and privation; and when appropriate means are employed it can usually be cured in a few months. When it is seated on the hairy scalp of infants, its duration and the sufferings induced by it are not, *ceteris paribus*, so tedious as when developed in the adult and occupying the arms or legs. In the last named situation it is seen oftener than on any other region, and it is here that it is especially formidable. In very rare and exceptional cases, when the eruption is seated on the scalp, the inflammation extends through the whole thickness of the integument, and indolent ulcers are produced in spite of all efforts to arrest its progress. The lymphatic glands of the neck also become enlarged and painful, when the complaint assumes its worst form, and constitutional symptoms of considerable severity are induced.

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M. VIARDIN has reported three cases of amblyopia caused by smoking. In the treatment of these cases the quantity of tobacco smoked was reduced under the direction of M. Viardin, and the sight was restored in the course of a few weeks.—*Lancet*.

VOL. LXXVI.—No. 26\*

## TREATMENT OF PNEUMONIA.

*To the Editors of the Boston Medical and Surgical Journal.*

IN your last issue is a report of the proceedings of the late quarterly meeting of the Norfolk District Medical Society. The subject of discussion was the treatment of pneumonia. The discussion was a very interesting one. In the course of it I stated what had been my observation on the disease, and what had been my treatment. My opportunities for observing pneumonia were many, as I had been one of the physicians of the Massachusetts General Hospital for twenty-four years. Among my colleagues was my honored and beloved master of medicine, Dr. James Jackson. I asked Dr. Jackson one day why he bled in pneumonia, citing Mr. John Hunter on Inflammation, &c. "I bleed," said Dr. Jackson, "in pneumonia and pleurisy to diminish pain—agony."

As I have for some time ceased bleeding, I substituted an active medicinal method. Being called to one of the most severe cases of pneumonia I have ever met with, I prescribed as follows:—*R.* Hyd. submur.,  $\mathfrak{D}$  i.; antimon. tart., gr. i.; opii, gr. iv.; mucil. acaciæ gum., q. s. M. Ft. pil. No. iv.

CASE II.—Mrs. ——— had been recently confined. About a fortnight after, I was desired to see her, and found her very ill with double pneumonia. I prescribed the pills above described. Mrs. ——— had a good recovery. Slight ptyalism occurred. It has been observed that in the puerperal state ptyalism is apt to occur from the use of calomel, even in moderate doses.

I stated the above treatment of pneumonia to a highly respected professional friend of mine. He told me that he had tried it in several cases, of which two were slightly salivated, one of whom was an aged man.

It is well known why small doses salivate. They undergo chemical changes in the stomach, become soluble, and so get to be absorbed. Large doses do not. An old professional friend of mine, now dead, was called to see an old lady who was supposed to be about to die of dysentery. He advised two drachms of calomel to be taken immediately. The dose was taken. He called again next morning and learned that Mrs. ——— had been faithfully purged, large *fecal* discharges had occurred, and the dysentery had disappeared. A good and rapid recovery followed, and without ptyalism. So much for heroic medicine.

WALTER CHANNING.

*Dorchester, July 27, 1867.*

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A PRIVATE lunatic asylum has been opened at Alameda, Cal., by Drs. Tucker and Trenor. For a long time the State Asylum at Stockton has been crowded beyond its capacity as a curative institution. There are insane patients enough in California to supply still other establishments.—*Pacific Medical and Surgical Journal.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

MAY 27th.—*Disease of the Mitral Valve; great Dilatation of the right Cavities of the Heart.*—Dr. SWAN reported the case and showed the specimen.

Mrs. S. had rheumatic fever twenty years ago. No well-marked attack occurred afterwards, but palpitation and dyspnoea on exertion began ten years ago, and gradually increased of late years. Two years and a half ago, she began decidedly to run down, the cardiac troubles becoming more manifest. Two years ago there was an attack lasting six weeks, with anasarca. An attack in March, 1866, was characterized as follows:—Confinement to bed, with considerable pain in cardiac region and both arms; heart beating very irregularly—an interrupted, fluttering, hurrying and halting action, with indistinctness of the normal sounds, and occasionally something like a systolic rasp at the apex; area of dulness, two or three inches square; thrill on palpation; no anasarca; dyspnoea and occasionally orthopnoea. She had several subsequent attacks, generally brought on by a little over-exertion. The last attack, in May, 1867, was accompanied by general and considerable anasarca, and on the 23d of the same month she died, aged 55.

The autopsy, made on the following day, showed a heart much enlarged, the right chambers greatly dilated, the left auricle somewhat so, the left ventricle normal. The mitral valve was greatly thickened and stiffened, and its orifice reduced to a narrow chink, which barely admitted the tip of the little finger. No other valvular disease. Nearly a pint of blood was removed from the right side and connecting veins. On the other hand, the remarkably healthy lungs were, contrary to expectation, entirely free from anything like congestion or oedema, hypostatic or general. Liver and spleen firm, the latter rather large. Other organs not remarkable.

The case is reported as one in which, notwithstanding the ability of the heart to receive blood from the lungs was reduced to at most a sixth of the normal capacity, the effect of the obstruction was found entirely in the systemic circulation.

MAY 27th.—*Intra-ocular Fibro-plastic Tumor, giving rise to the Symptoms of Glaucoma.*—Dr. HASKET DERBY reported the case.

Mrs. C., aged 52, consulted Dr. Derby January 23d, 1867. She stated that eight years ago the vision of the left eye began to fail, without apparent cause and without any other symptoms than the simple loss of sight. Her general health remained perfectly good. Till within a year, she retained perception of light proceeding from any source above her head, thus showing continued sensitiveness of the lower portion of the retina. Within twelve months this had disappeared. There had been at no time any pain felt till six weeks ago, since when she has suffered constantly from severe pains of a neuralgic character in the left eye and side of the head. The right eye had throughout remained in its usual condition.

On examination, Dr. D. recognized in the left eye the usual symptoms of chronic glaucoma, such as stony hardness of the bulb, en-

gorgement of the ciliary vessels, anæsthesia of the cornea and dilatation of the pupil. The media were not sufficiently clear to allow any view of the fundus. No perception of light.

On the 25th of January, Dr. Derby performed iridectomy upwards for the relief of the pain. The tissue of the iris proved very fragile and broke away repeatedly from the forceps. It was with great difficulty that any amount of it could be excised. All pain in and about the eye ceased. On February 2d, the patient left the city. The anterior chamber was still two-thirds full of blood, which was slowly absorbing.

May 16th, she sent word that since twenty-four hours the left eye had been the seat of pain of a most agonizing description. The pain continued with very little intermission, temporary relief being obtained by the employment of leeches and subcutaneous injections of morphia. There being no symptoms of abatement, I visited the patient at her residence in Gloucester, May 23d. There was violent ciliary redness, a staphylomatous projection of the parts about the incision made at the time of the iridectomy, and complete obliteration of the anterior chamber, the iris being throughout in contact with the cornea and the artificial pupil closed with a whitish membrane. The most distressing pain still continued, and promised to seriously interfere with her general condition. Under the circumstances, enucleation of the eye was proposed by Dr. Derby, and, with the kind assistance of Dr. Davidson, at once performed.

On making a section of the globe, a small, regularly-shaped, hemispherical tumor, some four lines in diameter, was found directly attached to the site of the optic-nerve entrance. It was firmly attached to the sclerotic, and the choroid and retina which covered its surface were easily separable from it.

Dr. ELLIS, of this city, made a microscopical examination, and wrote me: "The growth is one of the most beautiful specimens of pure fibro-plastic or sarcomatous disease that I have ever seen. It is entirely composed of long, fusiform cells, with nuclei and nucleoli."

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EXTRACTS FROM THE RECORDS OF THE BERKSHIRE DISTRICT MEDICAL SOCIETY.  
BY WM. WARREN GREENE, M.D., SECRETARY.

[Continued from page 480.]

*Ascites*.—Dr. COLLINS reported a case of ascites of obscure origin, occurring in a lady of middle age, in which he removed 118 pounds of serum by tapping. The operation was performed in 1860, and in 1865 she remained perfectly well.

*Tolerance of Opium*.—Dr. HOLCOMB reported a case of cancer of the rectum in which the administration of opium was commenced 6 months before death. The amount was gradually increased, until for some days before death the patient took 60 grains per day. She never exhibited any symptoms of narcotism.

Dr. Allen said that in a case of severe colic, he had given  $\frac{1}{2}$  drachm of morphia in the course of 6 hours. The patient recovered.

Dr. Adams knew a patient suffering under metro-peritonitis who took the equivalent of 18 grs. of opium at a dose.

*Loss of Pulsation in the Brachial Artery*.—Dr. BREWSTER reported

the case. A man standing upon a ladder, clasping the round above his head with both hands, received a severe blow upon the upper part of the right humerus. There was some swelling and ecchymosis, but no fracture, dislocation or paralysis, yet there was no perceptible pulsation for several days in radial, ulnar, or brachial arteries. After a week it began slowly to return, and in two months was nearly as strong as upon the opposite. Dr. B. asked for an explanation.

Dr. Sabin reported a similar affection of the pulse produced by a severe sprain of the shoulder in a child. The recovery, however, was rapid and complete.

*Fractured Clavicle.*—Drs. BREWSTER and HOLCOMB both reported cases of fractured clavicle which they had dressed simply with adhesive straps, according to the suggestions made by Dr. Greene at a previous meeting, in which the success was complete. The dressing was worn without the least inconvenience, and the results were all that could be desired.

*Creosote for Burns.*—At the suggestion of Dr. O. E. BREWSTER, several physicians had tested creosote as an application for burns, and their concurrent testimony was that it almost immediately and completely relieves the pain and smarting. In severe cases the clear creosote may be applied, followed by a dressing of creosote  $\mathfrak{z}\text{i}$ ., simple cerate  $\mathfrak{z}\text{i}$ . M. The ointment is sufficiently strong for most cases, and should be kept in every house.

*Extraordinary Size and Position of the Uterus post partum.*—Dr. SMITH, of Pittsfield, was called to a lady in labor, and found *apparently* the uterus of ordinary size and shape at full term, occupying the median line, but on the right side extending to the ribs a firm mass which felt like an ovarian tumor or an extra uterine fibroid. Labor went on and delivery was effected, but still this tumor retained its size and position. Upon pressure and manipulation it was distinctly felt to contract under the hand, thus proving it to be a part of the uterus, and it slowly involuted until in a few weeks it was reduced to its normal size.

*Double Hare-Lip.*—Dr. GREENE exhibited a case in which an operation had been successfully performed. He said this was one of the cases where many surgeons would have depressed the central piece, an operation which he thought was too frequently practised. These cases are almost always associated with cleft palate, and oftentimes the unsightly *protuberance*, so called, occupies the proper position of the upper lip in what *should* be the profile outline, the deceptive appearance arising from the flattening of the nose and disappearing as the nostrils are raised and the lateral flaps approximated by free dissection. If cases were more carefully studied, in this particular, the middle portion would be much less frequently interfered with.

*Injuries of the Head.*—Dr. GAMWELL reported the case of a man who received a severe contusion of the scalp and fracture of external plate of left parietal bone by being thrown violently upon the ground. Symptoms of concussion followed. Small splinters of bone were removed and cold water dressings applied. He had recovered perfectly except a permanent double convergent strabismus.

Another case was that of a rail road conductor, who, standing on the platform while the cars were moving, carelessly put his head outside just as the train passed over a bridge, against one of the pillars of

which he struck with great force. There was complete coma for some hours, a severe contusion of the scalp, but no fracture. Free hæmorrhage from the ear. The patient recovered in a few weeks with the exception of complete paralysis of the facial nerve of the injured side. From this he was nearly two years in recovering.

Another case of a man injured by a boiler explosion. In addition to severe scalds and a comminuted fracture of radius and ulna, he sustained a depressed fracture of the skull near the occipito-parietal suture. The depressed fragment, two inches in diameter, was raised and the patient recovered.

*Cancer of the Stomach.*—Dr. ALLEN reported the case. The man, aged 66, had never suffered from nausea or vomiting, nor had there been more than a little pain. The autopsy revealed extensive malignant disease of the stomach.

*Cerebro-Spinal Meningitis.*—Dr. GREENE reported the case of a medical man who for several months had had albuminuria, his urine containing also casts both epithelial and hyaline and pus cells. One morning he was suddenly seized with faintness and loss of consciousness. As this returned, he had some pain in back part of head and neck, with tenderness of the nape on pressure. There was difficulty in swallowing, sometimes amounting to inability, and *total inability to respire*. Although conscious of the necessity of breathing, he had no power to make an inspiration, and even if he was let alone until his face became purple, he could make no effort. For several hours his tongue was drawn forward by a tenaculum, and the respiratory movements stimulated by manipulating the chest and abdomen. During this time he was seized with the most terrible opisthotonic convulsions, which recurred every fifteen, twenty and thirty minutes. These commenced early in the evening and continued till nearly midnight. He was bled freely from the arm (being a strong, muscular man), which was repeated to considerable extent by the bandage being torn from the arm during the spasms, was cupped twice in the nape, *liberally*, which cupping was followed by a powerful blister. He got twenty grains of calomel, with the same amount of jalap, followed in two hours with a full dose of turpentine and oil. He also got three drops of fluid extract of veratrum viride every two hours, and half-grain doses of morphia every three. The following day he was quite comfortable, having slept some and had several discharges from the bowels. In a week he was down stairs, and made a rapid recovery. Now, several months since, he remains perfectly well, nor is there a trace of anything abnormal in the urine. The case was seen by a large number of Berkshire physicians.

[To be continued.]

### Bibliographical Notices.

*A Practical Guide to the Study of the Diseases of the Eye: their Medical and Surgical Treatment.* By HENRY W. WILLIAMS, M.D. Second Edition, revised and enlarged. Boston: Ticknor & Fields. 1867.

THE first edition of this book, published five years ago, filled an important gap in medical literature. Its aim was to place in the hands

of the great body of students and general practitioners of medicine a concise and clear description of the usual forms of ophthalmic disease, at once minute enough to serve as a real guide to diagnosis and treatment, and yet free from the perplexing minutiae and technicalities which necessarily abound in the elaborate encyclopædic works of Mackenzie and other distinguished masters of ophthalmic science.

Such a task is by no means an easy one, and when most successfully accomplished is most apt to fail of adequate recognition. The truest test of the value of such a work is to be found in its use by the class of persons for whom it is intended, and, tried by this test, Dr. Williams's book has proved a success second to very few productions of the medical press of this country. How hard, indeed, it is to produce a really valuable work of the character of that now under consideration is best seen by comparing it with the best English book of its class, that of Mr. Dixon, which has passed through several British and American editions, but of which it is no disparagement to say that in completeness and in the judicious treatment of its subject, it falls far short of the excellence of its American companion.

But it is not to the student or the country physician only that the present treatise is a necessity. Embodying, as it does, the results of the matured experience of twenty years of exclusive ophthalmic practice, the lessons of its author must be received as *ex cathedra* by other laborers in the same field. To Dr. Williams, indeed, we owe two of the most valuable improvements of modern ophthalmic practice, viz., the banishment of so-called specific, but really blindly empirical, treatment in iritis, and the employment of suture of the corneal wound after the extraction of cataract by the ordinary flap method. The great importance of these two contributions alone must give to the matured opinions of their author upon other points of practice a weight of authority which none can afford lightly to reject, and for this reason, if for no other, the pages of the present volume will be often and profitably consulted by the leaders of our profession as well as by the new recruits.

The book opens with concise but eminently practical introductory chapters upon the examination of the eye and upon remedies and their application. The subject of oblique illumination, the ophthalmoscope, the use of test-letters, and the investigation of limitations of the visual field are treated at a length of about thirty pages, chiefly in an appendix, to which suitable references occur in the proper connection in the text. In the chapter on remedies, we would call especial attention to the recommendation of mild collyria and the polished crayon of sulphate of copper as safe and efficient substitutes for the irritating ointments and dangerous lead and silver solutions which are still far too often and too indiscriminately employed. We regret that the author has not made mention of his crayon of alum, which is certainly a most valuable auxiliary to other remedies.

Chapter IV., on the Affections of the Conjunctiva, presents, in thirty-eight pages, a simple and lucid classification and description of the different forms of ophthalmia, together with an admirable exposition of the best methods of treatment. The lesson taught in this chapter cannot be too often or too strongly inculcated, viz., that in the treatment of the various forms of ophthalmia the first and chief indication is thorough cleanliness in the removal of the morbid secre-



tions, and that, when careful attention is paid to this point, the eyes do far better under the frequent use of very mild collyria, with perhaps an occasional application of the smooth sulphate of copper crayon, than by the use of the strong silver solutions which are still much in vogue. In the chronic inflammations with granular lids, and especially with trachomatous granulations, the rule is patience, with the use of gentle means, as leading most surely and speedily to the most perfect result.

Chapter V., on Affections of the Lachrymal Organs, contains, in ten pages, an admirable *résumé* of the best modern views and practice in this important and formerly excessively troublesome class of cases. In acute catarrh of the lachrymal sac, threatening the formation of external abscess and lachrymal fistula, we can testify from experience to the value of the plan pursued by Dr. Williams. "If the application of warm fomentations does not soon diminish the sensitiveness, and relax the parts sufficiently to allow of the evacuation of the sac by pressure, a fine probe is introduced through the punctum into the sac, which, by bringing the canal into one straight line, generally allows the pus to escape along the side of the probe, or immediately upon its withdrawal, especially if gentle pressure is at the same time made. The discharge of even a small portion of the accumulated matter gives immense relief, by taking off the tension of the parietes of the sac, and the probe may often be inserted a second time, and the evacuation completed with little pain. \* \* \* Should it be impossible to find the opening and introduce the probe, the punctum and canal may be laid open, or the sac itself entered from this direction, with a very narrow knife, rather than to allow the abscess to take its own course, or to relieve it by puncture through the skin."

In the treatment of obstruction in the lachrymal sac or nasal duct, the author follows closely the principles established by Mr. Bowman, judiciously avoiding the very numerous modifications which have been proposed by other writers. Of these modifications it is perhaps not too much to say that not one of them is of any real value, and that the greater part of them are essentially mischievous, and attest either manual awkwardness or ignorance of surgical principles in their authors. The probes used by Dr. Williams differ slightly from those in common use in being made with a bulbous extremity and slender and somewhat elastic in the shank.

Traumatic Injuries of the Eye form the subject of Chapter VI. To the general practitioner this is one of the most important chapters of the book, for in these cases he must often assume the responsibility of immediate action, involving, perhaps, the whole question of the preservation or loss of vision. In this connection, the reader is cautioned against the common error of over-activity in the application of remedies, and especially against the equally common mistake of active constitutional treatment. In punctured or incised wounds of the eye-ball, with protrusion of a portion of the iris, the prolapsed part is to be carefully excised. Wounds of the crystalline lens or capsule require that the eye be placed immediately under the influence of atropia, to prevent adhesions or possible occlusion of the pupil. Especially dangerous are those injuries which are attended by the penetration within the eye of a foreign body, such as a fragment of steel, a bit of a percussion cap, &c. Besides the almost inevitable destruc-

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tion of the injured eye which results from such an accident, there is great danger of the insidious development of sympathetic inflammation in the other eye. In cases, therefore, of persistent irritation in the injured eye, it is generally advisable to remove the offending globe, even though the other eye has not yet shown any sign of disease.

Chapter VII., on Affections of the Cornea, while presenting but little of actual novelty, is clear and comprehensive. The subject of syphilitic keratitis, so ably elaborated by Mr. Hutchinson, is well described, and the pathology of the disease illustrated by three drawings of the characteristic notched teeth, taken from actual cases. In staphyloma of the cornea it is recommended, in certain cases, to excise an oval portion of the centre of the staphyloma, uniting the edges of the wound by fine sutures. We have seen this plan tried with marked success, and without material reduction of the size of the eye-ball.

Chapter VIII., on Affections of the Sclerotica, contains an account of Mr. Critchett's operation of abscision of the anterior part of the globe. Another plan, which is, we believe, peculiar to the author, is the excision of only an oval portion from the centre of the staphyloma, bringing the edges of the wound together afterwards by means of fine sutures. This mode of operating is suited chiefly to those cases in which the staphylomatous tissue is tolerably firm, and where the removal of the entire thinned portion would involve too great reduction in the size of the globe. The advantages of preserving the eye-ball as nearly as possible of its normal dimensions are very great, both in supporting the eye-lids where no artificial eye is worn, and in affording a better and more movable support for an artificial eye. Posterior staphyloma, together with its pathology and ophthalmoscopic appearances, are also described in this chapter.

Of Chapter IX., on Affections of the Iris, we owe much to the original observations and research of the author. Dr. Williams's papers on the treatment of iritis without mercury, published twelve years ago in this JOURNAL, have been widely quoted, and have already worked a very general change in treatment throughout the civilized world. In all stages of the disease the one great indication is to keep the pupil well dilated, using, if necessary, solutions of atropia as strong even as ten grains to the ounce, and repeating the application as often, in some cases, as every half hour. Under the use of these strong solutions, and sometimes even of minute portions of atropia in powder, we have repeatedly succeeded in dilating the pupil in all stages of the disease, and can bear testimony to the fact that the supposed inefficiency of mydriatics under these circumstances is, in most cases, evidence only that they have been inefficiently employed.

Chapter X., on Affections of the Crystalline Lens, is of course devoted chiefly to cataract. In cases of congenital cataract, where there is a sufficient marginal zone of transparent lens-substance, iridectomy is recommended rather than iridectomy, a preference in which we agree as affording a much better optical result without increased risk to the eye.

Of the various operations for hard cataract, Dr. Williams is an advocate of the ordinary flap extraction, but with the very important and original addition of placing a single point of suture in the middle

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